

# Blue Mountain Humane Association

3212 Highway 30 ~ La Grande, Oregon 97850 ~ 541-963~0807

## Application for Pet Adoption

Animal Name: \_\_\_\_\_ Animal ID# \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ DL# \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

Please provide one professional and one personal reference. Example: Employer Friend

Name \_\_\_\_\_ Association \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Association \_\_\_\_\_ Phone# \_\_\_\_\_

Type of Residence (home/apartment/farm) \_\_\_\_\_ Do you: own \_\_\_\_\_ rent \_\_\_\_\_

Landlord approval is required. Landlord Name \_\_\_\_\_ Phone# \_\_\_\_\_

Does your job require you to travel frequently? \_\_\_\_\_

If so, do you plan on taking your pet with you? \_\_\_ Will you use a pet boarder or sitter? \_\_\_

Have you adopted from BMHA before? \_\_\_ Who did you adopt? \_\_\_\_\_ Dog or Cat \_\_\_\_\_

How will pet be confined? Fence \_\_\_\_\_ Dog run \_\_\_\_\_ Trolley \_\_\_\_\_ Stake \_\_\_\_\_ Other \_\_\_\_\_

Where will pet be kept during the day? \_\_\_\_\_ Overnight? \_\_\_\_\_

How many animals currently in the household? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

Are your current animals spayed and/or neutered? \_\_\_ Do you intend to breed animals \_\_\_\_\_

Have you ever had Parvo, Distemper or Feline Leukemia in your household? \_\_\_ When \_\_\_\_\_

Children and Ages in Household: \_\_\_\_\_

What are you seeking in a pet? \_\_\_\_\_

Do you currently have a veterinarian? Please List here: \_\_\_\_\_

Are there any behaviors or traits you cannot tolerate in a pet? \_\_\_\_\_

I understand that many of these animals are rescue animals and their medical history is unknown. These animals are NOT tested for disease. The animal breed is not definite, and not guaranteed in any way. \_\_\_\_\_ (initial)

Furthermore, I agree that if this animal is not what I'm looking for, or I can no longer have an animal where I reside, I will contact BMHA for re-adoption. Unfortunately, no refunds will be provided outside of the 7 day trial period since fees are used for spay/neuter costs. \_\_\_\_\_ (initial)

**If the animal is not yet spayed or neutered, I agree to make arrangements with BMHA or my Veterinarian to have the procedure done prior to the age of 5 months after adoption. I realize that if this animal is not altered as directed, I may be forced to relinquish ownership and return the animal to BMHA. I agree to a pre-or post- adoption home inspection by a BMHA representative, if requested.**

This application is confidential. I agree to authorize the release/disclosure of records and/or information concerning the above provided information.

**Release of Liability:** I fully understand that adoption of these animals carries a risk of injury—including being bitten or scratched. My signature below attests to my intent to hold harmless and release from all liability BMHA and its agents and assignees from all acts which are related to normal risk associated with the adoption of an animal including illness this animal may incur or currently have.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by BMHA staff:**

**Five Month S/N Date            Already Sterilized            Appointment Date**

**Pick Up Date            Animal Name            Animal ID#** \_\_\_\_\_

**Age            Adoption Fee \$** \_\_\_\_\_

**Adopter is paying to HOLD. Paid by cash, check, credit \$ \_\_\_\_\_ Visa/MC/Disc (Last 4) \_\_\_\_\_**

**Received by** \_\_\_\_\_

**Adopter is paying IN FULL. Paid by cash, check, credit \$ \_\_\_\_\_ Visa/MC/Disc (Last 4) \_\_\_\_\_**

**Received by** \_\_\_\_\_