



Ontonagon County Animal Protection (OCAP)
19405 State Hwy. M-38 / PO Box 315
Ontonagon, MI 49953
(906) 884-2500

ADOPTION APPLICATION

To help you find the right companion animal, we ask that you fill out this application completely to help us determine if the adoption is in the animal’s best interest. An unsatisfactory adoption can result in a negative experience for adoptive families and could impair the animal’s chances for re-adoption. OCAP has the right to deny any adoption if, in our judgment, it is not the best home for the animal.

Your completed application may take 2-3 days to process. An adoption fee will be collected at the time of adoption. This may seem like a long time, but it is time well spent as your pet will be a member of your family for 10 years or more. Your patience and cooperation in helping us bring people and animals together will result in a more successful adoption.

In order to adopt an animal from OCAP, the following are required:

ADOPTION POLICIES and REQUIREMENTS

- ❖ **Be at least 21 years of age**
- ❖ **Provide identification (driver’s license or State ID card) with current address**
- ❖ **Provide consent of all adults in household or, if applicable, approval of landlord**
- ❖ **Be willing to spend the time and money to provide for proper care of the pet. This would include training, nutritional needs including food and water (not snow), appropriate indoor or outdoor shelter, medical care and annual vaccinations, and a license for dogs (per State law).**
- ❖ **All presently owned animals must have current vaccinations**

Name(s): _____ Address: _____

City/State/Zip: _____

Home/cell phone: _____ Work phone: _____

Email Address: _____ Driver’s License #: _____

Do you live in a: _____ house _____ apartment _____ mobile home _____ other

Is your home in a busy area? ___Yes ___No Do you rent or own your home? ___Rent ___Own

If renting, does your landlord allow pets? _____Yes _____No

Landlord’s name and phone number _____

Have a secure fenced in yard? ___Yes ___No Fence height and type: _____

Number of adults in household: _____ Children & ages: _____

Where will pet be kept during the day? _____ Night? _____

What animals currently live in your household? (Attached a separate sheet of paper if necessary)

Pet Name	Species	Breed	Age	Sex	Spayed/neutered	Yes	No
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Veterinarian Information

Are all animals you own current on vaccinations (rabies/distemper)? _____Yes _____No _____Unsure

What veterinarian are you currently using for pet care? Name: _____

Clinic: _____Clinic Phone: _____

Future Care of Your Pet

Even healthy pets require annual vaccinations ranging from \$80.00 to \$150.00 annually. Adopting a pet from OCAP requires that you maintain these annual vaccinations and provide proof of such upon request. To show that you have read and understood these terms, initial here_____.

Although pets adopted from OCAP are healthy at the time of adoption, an animal may contract an illness or injury at any time. In addition to annual vaccinations, how much are would you willing to spend on veterinary care each year if it became necessary? _____.

What living arrangements would you make for a pet adopted from OCAP if you were unable to continue caring for it?

By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that OCAP has the right to deny my request to adopt an animal for any reason or situation that would be contrary to the shelter’s adoption policies or in violation of any state or local ordinances. I authorize investigation of all statements in this application.

Signature_____Date: _____

THIS SECTION TO BE COMPLETED BY OCAP

A. Upon review if the application, the following animal, _____, is **APPROVED** for adoption by the aforementioned applicant.

OCAP Signature

Date

B. Upon review of the application the following animal, _____, is **NOT APPROVED** for adoption by the aforementioned applicant. OCAP’s reasons for denying the adoption are:_____

OCAP Signature

Date