

Odin's Orphans Adoption Application

Note: You must be 18 years old and have a valid driver's license or picture ID to adopt.

Personal Information:

Applicant's Name: _____

Phone: (H) _____

(C) _____

(W) _____

Address: _____

E-mail: _____

Why are you choosing to acquire a new pet?

Name of pet(s) you are interested in adopting:

How long have you been thinking of adopting a pet? _____

What interested you in this/these particular pet(s)?

Family Lifestyle/Home Environment:

Please list all members of your household (including self):

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
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(If more space is needed please use bottom of last page)

Who would have primary responsibility for taking care of your new pet?

Does anyone in your household have allergies/asthma?

Explain: _____

Is everyone in your household equally enthusiastic about adopting a pet?

Explain: _____

Do you/your family reside in: ___ house ___ townhouse ___ apartment

Do you own or rent your home? ___ own ___ rent

Are there restrictions, covenants, or bylaws that limit the number or size of dogs you are allowed where you live? _____

Are you/your spouse currently employed? _____

Place of employment: _____

How would you describe the activity level in your household?

Low___ Medium___ High___

Describe the activity (e.g. Do you walk daily?)

What methods will you use to teach your puppy/dog to go outside to go to the bathroom?

Do you understand that changing an animal's environment may cause the animal to have accidents and may chew, especially during the early days of adoption? Yes No (circle one)

Describe how you might respond to "Puppy Mistakes" e.g. chewing, barking, nipping, etc.

If a behavioral problem arises, what steps would you take to remedy that situation?

Do you understand that and accept that puppies and dogs can cause damage to your carpets, furniture, vehicles, and belongings? Yes No (circle one)

Please estimate the yearly cost to maintain your pet.

Premium food: _____

Grooming: _____

Obedience: _____

Vet Care (including vaccines, teeth cleaning, and emergencies): _____

Other costs (including dog beds, blankets, toys, treats): _____

The average life span of a dog is 12-15 years of age or longer. Are you willing to make a commitment to this pet for the rest of his/her life? Yes No (circle one)

Under what circumstances would you "get rid" of a pet and what method would you use?

Pet's Lifestyle:

Are you looking for a pet for: ___ inside only ___ primarily inside

___ Outside only ___ primarily outside
 Approximately how many hours/day will your pet spend inside? ___ Outside? ___

Where will your pet be kept while you are *away* from home? Vacation

Where will your pet be kept when you are at work?

Where will your pet be kept while you are home?

Where will your pet *sleep*?

What type of food will your pet eat?

WE REQUIRE SOME TYPE OF OUTDOOR ENCLOSURE (KENNEL OR FENCE) FOR ADOPTION OF ALL DOGS.

Where will your pet be kept when outside?
 ___ fenced yard (type: _____ height: ___)
 ___ Dog pen (dimensions: _____)

Will your pet have access to: ___ dog house ___ garage ___ house (doggie door?)

Do you plan to crate-train? ___ yes ___ no;

Current Pets:

What do you feed your pets? _____

Species	Name	Age	Indoor or Outdoor?	Spayed/ Neutered?	Current Vaccinations?	Heartworm Prevention?	Length of time owned (as an adult)

(If more space is needed please use bottom of last page)

Please list the *name* and *phone number* of your current (or previous) vet clinic:

Vet records are under the name of: _____

How long have you been/were you a client? _____

Your vet(s) will be contacted as a reference. If they require you contact them to release information to us please contact them so we can get the vet reference.

For pets previously owned, but no longer with you, please explain and provide the reason (e.g. passed of old age, accidental death, re-homed privately, took to shelter, euthanized, etc.)
