



Odin's Orphans Adoption Application

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Adoption Fee: \$150

NOTE: ** YOU MUST BE 18 YEARS OLD AND HAVE A VALID DRIVER'S LICENSE OR PHOTO ID TO ADOPT. YOUR VET(S) WILL BE CONTACTED AS A REFERENCE. IF THEY REQUIRE YOU TO CONTACT THEM TO RELEASE INFORMATION TO US, PLEASE CONTACT THEM SO WE CAN OBTAIN YOUR VET REFERENCE. ALL DOGS & CATS CURRENTLY OWNED MUST BE CURRENT ON VACCINATIONS & HEARTWORM MEDICATION

**** PLEASE REMEMBER THERE IS NO SUCH THING AS A PERFECT DOG. IT CAN TAKE UP TO 30 DAYS FOR A DOG TO GET ACCLIMATED TO HIS/HER NEW ENVIRONMENT AND FAMILY. IF YOU ARE NOT WILLING TO GIVE THE DOG THE TIME IT NEEDS TO SETTLE IN, PLEASE DO NOT APPLY. IF YOU ARE NOT WILLING TO WORK WITH YOUR NEW ADDITION OR SEEK A TRAINER FOR ADVICE, PLEASE DO NOT APPLY. A DOG IS JUST LIKE A CHILD AND WILL HAVE SET BACKS AND MAKE MISTAKES.**

PERSONAL INFORMATION

APPLICANT'S NAME: _____

PHONE: (H) _____ (C) _____ (W) _____

ADDRESS: _____

EMAIL: _____

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 NEW PET? _____

WHAT INTERESTED YOU IN THIS/THESE PARTICULAR PETS? _____

HAVE YOU OWNED A "PIT" OR OTHER TYPE OF BULLY BREED? _____ YES _____ NO

FAMILY LIFESTYLE/HOME ENVIRONMENT

PLEASE LIST ALL MEMBERS OF YOUR HOUSEHOLD (INCLUDING YOURSELF):

NAME	AGE	NAME	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHO WOULD HAVE PRIMARY RESPONSIBILITY FOR TAKING CARE OF YOUR NEW PET?

DOES ANYONE IN YOUR HOUSEHOLD HAVE ALLERGIES/ASTHAMA? (IF YES, PLEASE EXPLAIN)

IS EVERYONE IN YOUR HOUSEHOLD EQUALLY ENTHUASTIC ABOUT ADOPTING A PET? (INCLUDING SIGNIFICANT OTHERS WHO DO NOT LIVE WITH YOU) _____ YES _____ NO

DO YOU/YOUR FAMILY HAVE ANY BIAS TOWARDS A CERTAIN BREED? EXPLAIN _____

DO YOU/YOUR FAMILY RESIDE IN: _____ HOUSE _____ TOWNHOUSE _____ APARTMENT

DO YOU OWN YOUR RESIDENCE OR RENT? IF YOU RENT, PLEASE LIST YOUR LANDLORD'S NAME/NUMBER

ARE THERE ANY RESTRICTIONS, COVENANTS OR BYLAWS THAT LIMIT THE BREED, NUMBER OR SIZE OF THE DOGS YOU ARE ALLOWED WHERE YOU LIVE?

DO YOU UNDERSTAND THAT ODIN'S ORPHANS DOES NOT KNOW WITH 100% CERTAINTY THE BREED(S) THAT MAKE UP THE DOG YOU ARE ADOPTING? _____ YES _____ NO

ARE YOU/YOUR SPOUSE CURRENTLY EMPLOYED? IF SO, PLEASE LIST: _____

HOW WOULD YOU DESCRIBE THE ACTIVITY LEVEL IN YOUR HOUSEHOLD?

_____ LOW

_____ MEDIUM

_____ HIGH

DESCRIBE YOUR DAILY ACTIVITY (WALK OR RUN DAILY? GYM? ETC) _____

PET CARE & TRAINING

WHAT METHODS WILL YOU USE TO TEACH YOUR NEW PUPPY/DOG TO GO OUTSIDE TO THE BATHROOM?

DO YOU UNDERSTAND THAT CHANGING AN ANIMAL'S ENVIRONMENT MAY CAUSE THE ANIMAL TO HAVE ACCIDENTS, CHEW, BECOME NERVOUS OR EVEN GROWL, ESPECIALLY DURING THE EARLY DAYS OF ADOPTION?

DESCRIBE HOW YOU WOULD RESPOND TO "PUPPY MISTAKES" (E.G. CHEWING, BARKING, NIPPING, ETC)

IF A BEHAVIORIAL PROBLEM ARISES (E.G. NIPPING, GROWLING, EXCITABILITY, ETC) WHAT STEPS WOULD YOU TAKE TO REMEDY THE SITUATION? _____

DO YOU UNDERSTAND, AND ACCEPT, THAT PUPPIES AND DOGS CAN CAUSE DAMAGE TO YOU CARPETS, FURNITURE, VEHICLES AND BELONGINGS? _____ YES _____ NO

HOW MUCH DO YOU ESTIMATE THE YEARLY COST FOR DOG FOOD WILL BE? _____

HOW MUCH DO YOU ESTIMATE THE YEARLY COST FOR GROOMING WILL BE? _____

HOW MUCH DO YOU ESTIMATE THE YEARLY COST FOR OBEDIENCE TRAINING WILL BE? _____

HOW MUCH DO YOU ESTIMATE THE YEARLY COST FOR VET CARE WILL BE? (THIS INCLUDES VACCINES, YEARLY CHECK UPS, TEETH CLEANING, EMERGENCIES, ETC) _____

HOW MUCH DO YOU ESTIMATE THE YEARLY COST FOR "OTHER COST" WILL BE? (E.G. DOG BEDS, TOYS, COLLARS, LEASHES, TREATS, ETC) _____

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? _____

UNDER WHAT CIRCUMSTANCES WOULD YOU GET RID OF A PET AND WHAT METHOD WOULD YOU USE?

ARE YOU LOOKING FOR A PET FOR INSIDE ONLY, OUTSIDE ONLY, PRIMARILY INSIDE OR PRIMARILY OUTSIDE?

APPROXIMATELY HOW MANY HOURS A DAY WILL YOUR PET SPEND OUTSIDE _____ AND INSIDE _____

WHERE WILL YOUR PET BE KEPT WHEN YOU ARE AT WORK? _____

WHERE WILL YOUR PET BE LEFT WHILE YOU ARE AWAY FROM HOME AND/OR VACATION?

WHERE WILL YOUR PET BE KEPT WHILE YOU ARE HOME? _____

WHERE WILL YOUR PET SLEEP? _____

WHAT TYPE OF FOOD WILL YOUR PET EAT? _____

WHEN OUTSIDE, WHERE WILL YOUR PET BE KEPT? (FENCED YARD, KENNEL, ETC) ALSO, LIST THE TYPE OF FENCING YOU HAVE WITH THE HEIGHT AND DIMENSIONS.

LIST WHAT YOUR PET WILL HAVE ACCESS TO IF THEY ARE OUTSIDE (E.G. DOG HOUSE, GARAGE, DOGGIE DOOR, ETC) _____

DO YOU PLAN TO CRATE TRAIN? _____

LIST YOUR CURRENT PETS:

NAME/BREED	AGE	SPAYED/NEUTERED	VACCINATED	CURRENT ON HW/FLEA	YEARS OWNED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VETERNARIAN INFORMATION

LIST THE NAME AND NUMBER OF YOUR CURRENT (OR PREVIOUS) VET CLINIC:

WHO ARE THE VETERINARY RECORDS UNDER THE NAME OF? _____

HOW LONG HAVE YOU BEEN (OR WERE) A CLIENT AT YOUR VET OFFICE? _____

FOR PETS PREVIOUSLY OWNED, BUT NO LONGER WITH YOU, PLEASE EXPLAIN AND PROVIDE THE REASON
(E.G. PASSED AWAY DUE TO AGE, ACCIDENTAL DEATH, RE-HOMED, TOOK TO SHELTER, EUTHANIZED, ETC)
