

ADOPTION CONSULTATION FORM

Orphans of the Storm, Inc.
P.O. Box 838, Route 85 East
Kittanning, PA 16201



Phone: (724) 548-4520
Fax: (724) 545-7096
E-mail: orphansofthestorm@hotmail.com
Website: www.orphansofthestorm-pa.org

Welcome to Orphans of the Storm! We are glad that you have come to adopt a new pet from our shelter. The following information is required so that we can assist you in selecting the pet that is right for you. This process will help us determine if the adoption is in both the pet's best interest, and yours!

We are here to help you find the pet that is the most compatible with your lifestyle. For example, we will not allow you to adopt a dog that has never been around children if you have small children at home. Being turned down for a certain animal does not mean that we will not adopt a different animal to you. If you are unwilling to abide by our decision, then please do not continue filling out this application.

We will review this application and contact you within three working days. If you have not heard from us in that time, please give us a call. Thank you for considering one of our homeless pets!

TO BE CONSIDERED AS AN ADOPTER TODAY, YOU MUST:

1. Be at least 21 years old.
2. Have the consent of your landlord (if applicable).
3. Be able and willing to provide training, medical treatment, and proper care for the pet.
4. Arrange for all family members to meet the pet.
5. Complete the following to the best of your knowledge:

1) The pet I am interested in is _____.

2) Is this your first experience with a pet? YES NO

a.) Have you had experience/owned the breed of pet you are interested in? YES NO

3) Why are you interested in adopting this pet?

Watchdog _____ Companion for another animal _____ Barn Cat/Mouser _____

Hunter _____ Child's Pet _____ Family Pet _____ Other _____

4) How many adults live in your household? _____ Ages: _____

5) How many children live in your household? _____ Ages: _____

a) If you have children, have they been around pets before? YES NO

6) You currently live in a: House _____ Duplex _____ Apartment _____ High-rise _____
Condo _____ Mobile Home _____ Student Housing _____ Other _____

a) Do you: Own _____ Rent _____

b) Years at this address _____

c) If you rent, we MUST HAVE your landlord's name, address, and telephone number:

7) Do you currently own any other pets? YES NO

8) If yes, please provide the following information:

| Pet's Name | Breed | Sex | Spayed/Neutered/Intact | Age | Inside or Outside Pet? |
|------------|-------|-------|------------------------|-------|------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

a.) Are all your animals (dogs and cats) current on all vaccinations? YES NO

b.) Current Dog License? YES NO

9) How many pets have you owned in the last five years? _____

10) What happened to them? _____

11) Please describe what you feel are the characteristics of the ideal pet for you and your family.

12) What will you do if your spouse or children can't get along with the animal?

13) Are you willing to teach young/inexperienced children how to respect and properly handle a live animal? YES NO

14) Will you still want an animal after the kids have grown up and moved out? YES NO

15) Does everyone in the family want the animal? YES NO If not, why? _____

16) Does anyone in the household have any known allergies to animals? YES NO (If yes, explain)

17) Are you prepared to deal with the cost of both routine veterinarian care (worming, annual inoculations) and non-routine/emergency veterinary care? YES NO

18) If you currently have a veterinarian, please list name and telephone number.

Name: _____ Phone: _____

a) Have you contacted your vet to allow them to release information to us about your animals and their treatment? If not, please contact them immediately. YES NO

b) Your client file is under what name?

19) If no vet reference is available, list the names and telephone numbers of two references who are NOT relatives:

20) Are you willing to provide training to resolve behavioral problems? YES NO

21) Where will the animal spend most of its time? Loose indoors ____ Crate ____ Garage ____

Basement ____ Kennel run ____ Outdoors ____ Other ____

22) If an outside pet, please DESCRIBE the provisions you will make for it (shelter/water/etc.):

23) How long will the pet be alone daily? _____

24) Do you have a fenced-in yard? YES NO

25) How will the animal be exercised? _____

26) Who will be in charge of the daily care of the pet? _____

27) Please list the place of employment of one of the adults in the household. _____

28) Have you ever been investigated or convicted by any humane agency of cruelty to animals? YES NO

If yes, please explain: _____

29) Have you ever had to relinquish a pet to an animal shelter before? YES NO

a) If yes, please explain: _____

30) May we have your permission to visit your home before/after you adopt your pet? YES NO

31.) Do you agree to the following: Returning the pet to Orphans of the Storm if you can no longer keep /care for the pet anytime in the future? (initial one or other) YES _____ NO _____

HAVE YOU READ OUR ADOPTION CONTRACT AND HEALTH RELEASE DOCUMENT AND COMPLETELY UNDERSTAND THEM? INITIAL: YES: _____ No: _____

I understand that I am adopting an animal that may take extra care, understanding, and training until the pet has had sufficient time to adjust to a new environment. Adjustments may take 8 to 10 weeks.

All statements made in this consultation form are true to the best of my knowledge. If any false statements are found, my application will be denied and the adoption cancelled.

PLEASE PRINT!!!

Name: _____ Date: _____

Street: _____ Phone Number _____

City: _____ State: _____ Zip: _____

E-Mail address _____ SIGNATURE _____