PRE-QUALIFICATION FORM

We are glad you've come to adopt a new pet from our organization. The following information is requested so that your adoption counselor can assist you in the selection of a new pet. The consultation process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal most compatible with your lifestyle. Completion of this form does not guarantee adoption of an ARPO pet.

In order to be considered an adopter, you must:
✓ Be 18 years of age or older
✓ Have identification showing your present address
✓ Have the knowledge and consent of your landlord, if renting
✓ Be able and willing to spend time and money necessary to provide appropriate training, medical treatment, and proper care for a pet.

Date: _____ Name: _____
Address: ________
City: _____ State: _____ Zip: ______
Home #: _____ Work #: _____ Cell #: _____
E-mail: ______

Have you adopted from ARPO before? ☐Yes ☐No If yes, which animal and when? _____

1. Are you looking for a: ☐Puppy ☐Dog ☐Kitten ☐Cat

2. Are you interested in a particular pet? ☐Yes (specify name) _____ ☐No

3. Why are you looking to adopt a pet? _____

4. Describe in detail the type of pet you are looking for. _____

5. Do you have any pets at the present time? ☐Yes ☐No If so, please list information about each pet:

<table>
<thead>
<tr>
<th>Name</th>
<th>Breed/Species</th>
<th>Sex</th>
<th>Age</th>
<th>Spayed/Neutered?</th>
<th>De-clawed?</th>
<th>Live inside or outside?</th>
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6. How many dogs or cats have you owned in the last five years? _____ Dogs _____ Cats

7. What happened to those pets? Be specific; include species, breed, age, if they were sterilized, if they were inside or outside pets, etc.: _____

8. Describe your previous pet experience. _____

9. Have you ever given up a pet? ☐Yes ☐No. If so, why, and what did you do with it (e.g. turned it into shelter, gave to friend or family member, etc.)? _____

10. Describe any experience you have with pet training or obedience. _____

11. What would be unacceptable behavior in your home which would lead you to give up the pet? _____

12. Does anyone in your family have allergies or has anyone had them in the past? ☐Yes ☐No

13. What is your vet's name? _____ Phone number? _____
14. May we contact your vet for a reference? [ ] Yes [ ] No

15. Do you live in a [ ] House [ ] Apartment [ ] Mobile home [ ] Duplex [ ] Condominium?

16. Do you have a fenced-in yard? [ ] Yes [ ] No If yes, what type & height of fence? ______

17. Do you [ ] Own or [ ] Rent? Years at present address? ______

18. If you rent, does your lease allow pets? [ ] Yes [ ] No Weight limit? ______ Breed restriction? [ ] Yes [ ] No

19. What is your landlord’s name? ______ Phone number? ______

20. Number of adults in household? ______

21. Do all the adults know of your intention to adopt a pet? [ ] Yes [ ] No

22. Is this pet for yourself or a gift? [ ] Self [ ] Gift

23. Number of children living in the household? ______ Their ages? ______

24. Number of children visiting the household frequently or on a regular basis? ______ Their ages? ______

25. Who will have primary responsibility for the care of the new pet? ______

26. Are you prepared to make a long term (10-15 years) commitment to care for this pet? (This may include birth of children, moving, death in the family, divorce, etc.) [ ] Yes [ ] No

27. What will you do with your pet if you move? ______

28. What provisions will you make for the pet should you be unable to continue to care for it? ______

29. Are you prepared financially to deal with the cost of both routine (vaccinations, annual exams, dental cleanings, heartworm prevention, parasite control, etc.) and emergency vet care of this pet? [ ] Yes [ ] No

30. Are you prepared for the damage that a dog/puppy/cat/kitten can do (e.g. soiling, nipping, scratching, muddy paws, chewing, shedding, etc.)? [ ] Yes [ ] No

31. How will you handle typical behaviors such as chewing, crying, digging, housebreaking, etc.? ______

32. Approximately how many hours per day will your new pet be alone? ______

33. Where will the pet spend the day while you are home? ______

34. Where will the pet spend the day when you are away (at work, running errands)? ______

35. Where will your new pet sleep? ______

36. Describe how you intend to provide exercise for your new pet. ______

37. How did you find out about ARPO? [ ] PetSmart [ ] Internet [ ] Friend [ ] Vet [ ] Other: ______

Thank you for taking the time to complete this questionnaire fully. Please give this form to one of our volunteers, or e-mail it to adoptions@adoptarpo.org.