

Alliance for Responsible Pet Ownership, Inc.

P. O. Box 6385, Fishers, IN 46038

(317) 774-8292

adoptions@adoptarpo.org

www.adoptarpo.org

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.

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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:

Name	Breed/Species	Sex	Age	Spayed/ Neutered?	De-clawed?	Live inside or outside?

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.