

Open Door Animal Sanctuary

Canine Preliminary Adoption Form

This questionnaire must be filled out by all persons interested in adopting a pet from our shelter. The information you provide will not be given to any other organization. It is our job to find permanent, responsible homes for as many of our animals as possible and at the same time to find the right pet for you. To do this, we need specific information from you. Thank you for visiting the Open Door Animal Sanctuary.

Adopter's Name _____ Age _____ *Must be 21 to adopt

Address _____ City, State & Zip _____

**PLEASE NOTE: WE DO HOMECHECKS PRIOR TO ADOPTING, YOU MUST BE WITHIN 100 MILES OF ODAS TO ADOPT

Home Phone _____ Work Phone _____ Cell _____

Email _____ I am interested in a Dog _____ Puppy _____

1. I live in a House _____ Apartment _____ Condo _____ Townhouse _____ Mobile Home _____

2. I Own _____ Rent _____ Live on campus _____ Live with a parent or relative _____, is parent / relative aware you are here? Y / N

If you are renting your home, what is the name of your landlord? If you are living in a mobile home park what is the name of it?

Name _____ Phone _____

3. How many times have you moved in the last 3 years? _____ Did your animals move with you? _____

4. Number of children at home _____ Ages _____ Have they been around animals before? _____

5. For what purpose are you adopting an animal? Companionship _____ As a gift _____ for _____ Hunting Dog _____
For my children or grandchildren to play with _____ Guard Dog _____

6. Occupation _____ Employer _____

7. Please list the **breeds and ages** of all pets in your household _____

8. Do they live? **Outside or Inside.** How many of these animals are **spayed or neutered?** _____
Are they current on vaccinations? Yes or No. **Are your dogs currently on a heartworm Preventative?** Yes or No
Name and # of your Veterinary Clinic _____

9. Have you adopted animals from Open Door Animal Sanctuary? Y / N If yes how long ago? _____

10. Please list all animals you have owned in the last 5 years: _____
_____ **Where is the animal now?** Gave away _____ Lost _____
Returned to agency _____ Still have _____ Died _____ - **Please explain** _____
Have you ever taken an animal to a shelter? Yes or No Please explain _____

11. How many hours of the day will the new animal be alone? _____ Where will the animal be alone at? _____

12. Where will this animal sleep? _____ Do you plan on crate training? Y / N

13. If you are adopting a **Dog** how do you plan to confine this dog when it goes outside? Chain _____ Leash _____
Fenced Yard _____ Kennel _____ Acreage _____ Chain & Cable _____ Electric Fence _____ Runner _____
If your yard is fenced how high is the fence? _____

14. Have you ever raised a puppy? Y / N If yes how long ago? _____

15. How was your previous dog / puppy trained? Trainer _____ Obedience Class _____ Personally _____ N/A _____

16. What canine behavior are you **unwilling** to work with? _____

17. Is this your first experience owning a dog on your own? Y / N Does your home have a doggy door? Y / N

18. What will happen to this pet if you experience a major life change (such as Move, Divorce, New Baby, or Health Change)?

19. Do you understand that adopting an animal is a lifetime commitment and are you willing to accept this responsibility? Y / N

20. Where did you hear about ODAS? _____

21. Would you like to join the ODAS mailing list to receive event invites and our quarterly newsletter? Yes _____ No _____

*If YES, what is your preferred contact method? Paper Mail _____ Email _____ Both _____

Because of our concern for placing the appropriate animal in your home, we ask that you read & sign below:

***A representative of the ODAS will visit my home prior to adopting to verify all information given on this application.**

***The decision of the ODAS personnel is final.**

***All adoptions must meet the criteria of the ODAS general adoption policies.**

***I have answered all questions of this application truthfully and to the best of my knowledge.**

Signature: _____ Date _____

Shown by: _____ Time: _____ Approved By _____ Denied By _____

WE RESERVE THE RIGHT TO REFUSE ANYONE FOR ANY REASON!!!

Office Use Only

Interviewer name _____ Date _____

Family members choosing pet _____

Children's behavior in office _____

Overall comments about client _____

About Pet:

Animals Name: _____

Animals Age: _____

Animals Breed (dog): _____

Ready To Go: _____

About Pet: _____

Veterinarian reference:

Renter Approval Info

Pet Restrictions: _____

Pet Deposit: _____

Extra monthly pet fee: _____

Verified by: _____