

Pets Name you are interested in adopting: _____ (Or Type – Breed – Color etc.)

ADOPTION CONSIDERATION FORM

****Adoption Fee's Vary based solely on expenses incurred for medical care and rehabilitation****

We created this form for the benefit of all the orphans & their potential adopters. On behalf of all abandoned animals, *please* take the time to *thoughtfully* complete this form.

Completion of the form helps to determine compatibility between the chosen pet and your family and lifestyle.

Name: _____ Age: _____ Phone: _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____

Employer Name: _____ Location: _____
Work Phone: _____ Full Time: _____ Part Time: _____ How Long: _____

Spouse/Roommate Name: _____ Age: _____
Employer: _____ Full Time: _____ Part Time: _____ How Long: _____

How Many Adults are there in the household? _____ How many children? _____

Name/s & Age/s of children: _____

What prompted you to get a new pet?

List the pets you *currently* have: Name, Type, Age, Spayed or Neutered etc.

If you have cat/s are they: Indoor Outdoor or Both

What is the biggest challenge you have faced regarding your pet/s? Such as:
Potty Training Digging Pets getting along together Chewing Jumping Other

Please list the pets you have *previously* had: Name, Type, What happened to the pet etc.

Have you ever taken a pet to obedience class or consulted a behaviorist?
If yes, please explain reason & outcome:

Who will be responsible for the care of the pet?

What accommodations will you make to assist your pet during the initial adjustment to your home?

Continued – Your Last Name:

Where will you keep your new pet? Inside Outside Both

Do you plan to use a crate?

Please answer the following YES or No: Do you have:

Pool Landlord Doggy Door Pet-Sitter

Veterinarian If yes, please provide Name, Location and Phone #

Yard Pickup Truck Allergies
Fence If yes, What Type and Height

When will your pet be inside?

Where in the home will your pet be allowed?

What type of behavior will you not tolerate?

How do you think you might handle such behavior?

What is your biggest concern about adopting a new pet?

When will you be spending the majority of time with your new pet?

Weekdays? Weekends? Mornings? Evenings?

What are you looking forward to the most about adopting a new pet?

There may be difficulties that arise bringing a new pet into your home. Under what circumstances would you consider returning your pet? House-training problems? Aggression? Digging? Other?

In the future, why would you consider not keeping your pet?

Moving? Lack of Time? New Baby? Change in Marital Status? Newer Pet?
Landlord Restrictions? Other?

Would you agree to a home visit if you were to adopt from us?

What are your feelings about this request?

Please email back. (No Faxes) Or bring with you when you visit.

All information provided on this form will be and is an addendum to the Companion Animal Adoption Contract that will be completed should you adopt a companion animal from Solutions for Animals, Inc.

Your email address:

Date you are returning this form:

NEXT STEP IS TO VISIT THE ANIMAL OF INTEREST! CALL TO VERIFY SHELTER HOURS! Driving Directions and Physical Address can be found on Home Page at www.solutionsforanimals.petfinder.org