

SMALL ANIMAL ADOPTION SURVEY

Please fill out the following survey to help us find the best match for you!

In order to be considered for an adoption you must have the following:

- You must be 18 years of age
- The knowledge and the consent of all adults living in your household
- Be able to provide a valid piece of identification with your current address
- Provide the name and phone number of your landlord/superintendent/management company in a condo or rental situation

Applicant Name:	Spouse/Partner Name:
Address:	Apartment or Unit Number:
City:	Postal Code:
Home Phone Number:	Work Number:
Cell Phone Number:	Email:
Spouse/Partner Phone Number:	
Living situation (please circle): Rent Own Live with parents	
How long have you lived at this address?	

Emergency Contact :

Please list an emergency contact **who does not live at your address** (preferably a relative) who would be included in your new pets records, including their microchip:

Name:	Relationship to Applicant:
Home Phone Number:	Alternate Phone Number:

By signing below:

- I certify that the information I give on this survey is true and complete and I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet.
- I understand that the Oakville & Milton Humane Society has the right to deny my request to adopt an animal.
- I authorize investigation of all statements contained in this survey.
- I understand that this survey is the property of the Oakville & Milton Humane Society.

Signature: _____ Date: _____

FOR OFFICE USE ONLY :	
Animal Name(s): _____	SB#/Location: _____
Date/Time Submitted: _____	
Adoption Meeting Date/Time: _____	
Drivers Licence: _____	<input type="checkbox"/> Confirmed address <input type="checkbox"/> SB

Please list names, ages, relationships and occupations of all members of the household:

First & Last Name	Age	Relationship to Applicant	Occupation
		APPLICANT	<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____

Please list current and previous pets, including pets no longer with you (please circle):

Name of pet	Breed/Type	Age	Sex		Neutered or Spayed		Declawed		Indoor or Outdoor	Where is the Pet Now?	This Pet is/was:		
			M	F	Yes	No	Yes	No				In	Out
											My pet A childhood pet An ex-partners pet Other: _____		
											My pet A childhood pet An ex-partners pet Other: _____		
											My pet A childhood pet An ex-partners pet Other: _____		
											My pet A childhood pet An ex-partners pet Other: _____		

Have you ever had to give up a pet? Yes No **Type of pet:** _____

If yes, please explain the circumstances. _____

Please list the name(s) of the veterinary clinic(s) your pets have seen for the duration of their lives:

When were your current pets last vaccinated (month, year)? _____

Under what circumstances would you to take your small animal to the vet? _____

In order to feed, provide medical and daily care for my new small animal, I am prepared to spend per year:

___\$0-\$100 ___\$100-\$250 ___\$250-\$300 ___Over \$300



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Veterinarian Release Form

I authorize the Oakville & Milton Humane Society to contact my veterinarian and have access to any records held by that office with regard to any animals I presently own or have owned in the past.

Name: _____
(Please Print)

Signature: _____ Date: _____

Office Use Only

Vet Clinic: _____
Phone: _____ Fax: _____

Pets Names: _____ Breeds: _____

