## 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 |
| 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): $\qquad$ SB\#/Location: $\qquad$
Date/Time Submitted:
Adoption Meeting Date/Time: $\qquad$

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

| First \& Last Name | Age | Relationship to Applicant | Occupation |
| :--- | :--- | :---: | :--- |
|  |  | APPLICANT | $\square$ Working $\square$ Student $\square$ Other: |
|  |  |  | $\square$ Working $\square$ Student $\square$ Other: |
|  |  |  | $\square$ Working $\square$ Student $\square$ Other: |
|  |  |  | $\square$ Working $\square$ Student $\square$ Other: |
|  |  |  | $\square$ Working $\square$ Student $\square$ Other: |

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

| Name of pet | Breed/Type | Age | Sex | Neutered <br> or Spayed | Declawed | Indoor or Outdoor | Where is the Pet Now? | This Pet is/was: |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | M F | Yes No | Yes No | $\begin{gathered} \text { In } \\ \text { Out } \\ \text { Both } \end{gathered}$ | Still own Deceased <br> Missing Gave Away <br> Other:  | My pet <br> A childhood pet <br> An ex-partners pet Other: $\qquad$ |
|  |  |  | M F | Yes No | Yes No |  | Still own Deceased <br> Missing Gave Away <br> Other:  | My pet <br> A childhood pet <br> An ex-partners pet Other: $\qquad$ |
|  |  |  | M F | Yes No | Yes No |  | Still own Deceased <br> Missing Gave Away <br> Other:  | My pet <br> A childhood pet <br> An ex-partners pet Other: $\qquad$ |
|  |  |  | M F | Yes No | Yes No | In Out Both | Still own Deceased <br> Missing Gave Away <br> Other:  | My pet <br> A childhood pet <br> An ex-partners pet <br> Other: $\qquad$ |

Have you ever had to give up a pet? $\square \mathrm{Yes} \square$ No Type of pet: $\qquad$

If yes, please explain the circumstances. $\qquad$

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)? $\qquad$
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:

1. Qualities I find very important in a small animal include (check all that apply):
_ Quiet
__Litter trained
__Low shedding

Calm
Sociable
Low odour

Enjoys being held
Enjoys being pet
Low maintenance
2. I am adopting this small animal for:
__Myself A family member
__A child
__A gift
__Companion to another pet
3. Have your or your family shown signs of allergies to the animal, hay, alfalfa, shavings, etc.
_ Yes
_No __Unsure
4. I would like my small animal to breed: __ Yes __No __Unsure
5. I plan to feed my new pet the following: $\qquad$
6. I would like my new small animal to be (check all that apply):
__In the backyard supervised Allowed on the balcony In the garage Other: $\qquad$

In an outdoor enclosure Inside, in its cage _In the basement

Free roam outdoors In a barn _Free access to house
7. I plan to spend time and socialize my new pet in the following ways: $\qquad$
$\qquad$
8. Please describe the type of housing accommodations you will provide for your new pet. (For example: size, building material, type of bedding, features, toys/enrichment): $\qquad$
$\qquad$
9. If I move, I will:

Take the small animal with me
_Give to a family member

Find the small animal a new home
_ Surrender to an Animal Shelter
10. Please check the topics you would like more information on:
_Litter box training
_Housing
_Pet-to-pet introductions
_Destructive behaviour
__Diet Grooming
_Rough play/nipping Pet proofing the home
_Proper handling Exercise requirements Common medical issues
Other: $\qquad$
11. What would cause you to return this pet?
$\qquad$
$\qquad$
$\qquad$
$\qquad$

## 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: $\qquad$

Signature: $\qquad$ Date: $\qquad$

Office Use Only
Vet Clinic:
Phone: $\qquad$ Fax: $\qquad$
Pets Names: $\qquad$ Breeds: $\qquad$
$\qquad$


