

Small Animal Adoption Application



Name of animal(s) interested in adopting (REQUIRED):	
Applicant's Name:	Partner's Name:
Address:	Apartment/Unit Number:
City:	Postal Code:
Primary Phone Number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone Number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Partner's
Email Address:	

List the names, ages, relationships, and occupations of each person living in your household including yourself.

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: _____

Who will be the primary caregiver for this pet? _____

Does anyone in your household show signs of allergies to the type of animal you are applying to adopt, or to hay, shavings, etc.?

Yes No Sometimes Unsure

What type of dwelling do you currently live in? House/Semi-Detached/Townhouse Condo /Apartment Other: _____

Please list current and previous pets, including pets that have passed on. Select the appropriate response for each.

Pet Name	Animal Type & Breed	Age	Sex	Spayed/Neutered	Declawed	Indoor/outdoor	Where is the pet?	Ownership
			M	YES	YES	IN	Still own	My pet
			F	NO	NO	OUT	Deceased	Childhood pet
						BOTH	Other: _____	Other: _____
			M	YES	YES	IN	Still own	My pet
			F	NO	NO	OUT	Deceased	Childhood pet
						BOTH	Other: _____	Other: _____
			M	YES	YES	IN	Still own	My pet
			F	NO	NO	OUT	Deceased	Childhood pet
						BOTH	Other: _____	Other: _____

*If needed, additional pet information can be included on separate paper or via email

1. Have you ever had to give up an animal? If so, please explain the circumstances:

2. In order to provide my pet with essential care (food, supplies, medical care, etc.), I am prepared to spend per year: _____

3. a) Please list the name(s) of the veterinary clinic(s) your pets have seen:

b) When were their last vaccinations (month and year): _____

4. Under what circumstances would you take your new pet to the vet?

5. Please describe the type of housing accommodations you will provide for your new pet (e.g. size, type of bedding, toys, etc...).

6. I would like my new pet to be (check all that apply):

- In the backyard supervised Free roaming outdoors Inside, in its cage Given free access to house
- In an outdoor enclosure Allowed on the balcony In the garage/barn Other: _____

7. Where will your new pet's enclosure be kept? _____

8. I plan to spend time and socialize my new pet in the following ways:

9. I would like my new pet to breed: Yes No Unsure

10. I plan to feed my new pet the following: _____

11. Behaviours that I am not willing to work with or situations that would cause me to return this animal are (check all that apply):

- Unable to litter box train Destructive Requires too much space
- Medical issues High energy; too time consuming Messy or strong odor
- Not social; spooks easily or hides High maintenance Vocal
- Doesn't get along with other animals Rough play; biting Other: _____

12. 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: _____

13. If I move, I will:

- Take it with me Find it a new home Give it to a family member Surrender it to an animal shelter

By signing below:

- I certify that I am at least 18 years of age and have the knowledge and consent of all adults living in my household.
- I certify that the information I provide on this application is true and complete. I authorize the investigation of all statements contained on this application and understand that the Oakville & Milton Humane Society has the right to deny my request to adopt an animal.
- I understand that this application is the property of the Oakville & Milton Humane Society.
- I understand that the Oakville & Milton Humane Society may contact my veterinarian and I authorize access to any records held by that office in regards to my current and past pets.

Signature:  _____ Date: _____

FOR OFFICE USE ONLY :

Animal Name(s): _____ SB#/Location: _____

Date/Time Submitted: _____ Submission Method: _____

Adoption Phone Meeting : _____ Adoption PU: _____

Drivers Licence: _____ Confirmed address SB