

Pick Up Date/Time: _____ Items Required at Adoption: _____

Municipality: _____

Office Use Only Above This Line

Small Mammal Adoption Application



Description/Name of small mammal(s):

Adopter Information

Name _____ Primary Phone _____ Secondary _____

Street Address _____ Time lived at this address _____

City _____ State _____ Zip _____

Date of Birth _____ E-mail _____

Place of Employment _____ Work Phone _____

Occupation _____ Time with Current Employer _____

Household Information

Are other people in your home experienced with this type of small mammal (examples: Rats, Mice, Hamsters, Gerbils, Guinea pigs, Pygmy hedgehogs, Sugar gliders, Chinchillas, Ferrets)? Yes No

Does everyone in the house want to get a new small mammal? Yes No

Have all the members of your home met the animal? Yes No

Does your home's zoning allow this animal to be kept there its entire life? Yes No

Household activity level: Quiet Active Very Active Ye No Unsure

Please list the names and ages of other members in your household:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Do you live in a: House Apartment Dorm Mobile Home-Which park? _____

Do you: Own Rent Live with family Mobile home, I own the land

If you rent or live with family, do you have the homeowner's permission to have this type of pet? Yes No

If you rent or live with family, what is the homeowner's name? _____

What is their phone number? _____

Pre-Adoption Questions (please answer all)

Why have you decided to adopt a small mammal? _____

What will you do to ensure you will be a responsible pet owner? _____

Please list any local laws that pertain to small mammal ownership in your area: _____

Please list any experience you have with small mammal(s): _____

If you had to move in the future, what would you do with your pet(s)? _____

Have you had a small mammal(s) previously? Yes No

What kinds? _____

Where are they now? _____

Do you plan to breed your pet/let it have babies? Yes No

Have you designated a primary caregiver for the new pet? Yes No Who: _____

Please check any/all characteristics that best describe the primary caregiver:

- Retired Stay-at-Home Parent Employed Part-Time Employed Full-Time College Student
- Child/Adolescent Other _____

How will you exercise your pet? _____

Are you willing to deal with unforeseen circumstances this pet may present? Yes No

What type of food will you feed your small mammal? _____

Where will you acquire the food? _____

Where will you primarily keep your small mammal? _____

Describe the enclosure (type and dimensions, lighting wattage, equipment, etc)

Please include photos of your existing setup, if applicable _____

If you have any additional comments, please put them here: _____

Pet Ownership Experience

* If you have not owned any pets in the last five years, and there are no pets currently living in the home with you, please check here: _____ (you can leave the following section blank)

What Vet Clinic do you use? _____ Phone _____

What is the pet owner's name on the account at the vet clinic? _____

In the box below, please list all pets you have owned in the last five years (including those no longer with you), and all pets currently living in the home (this includes pets belonging to roommates, etc.)

Species (cat/dog/bird/ etc.)	Name	Sex (M/F)	Type/Breed	Kept Where (In/out/both)	Age	Spayed/ Neutered (Yes/No)	Still Own? (Yes/No)

If you no longer have any of the pets listed above, please explain what happened to them: _____

Please Read Carefully and Sign:

The undersigned applicant hereby grants Helping Hearts and Healing Tails Animal Rescue permission to confirm any information provided in this application with any appropriate third party source, including landlords, veterinarians, etc. The information obtained will be held in confidence and used only by Helping Hearts and Healing Tails Animal Rescue for purposes of this adoption application. I certify that all the information on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. I also understand that this adoption application is at its own discretion. It is specifically understood that the Helping Hearts and Healing Tails Animal Rescue reserves the right to deny any adoption application at its own discretion.

Signature _____ Date _____