

## **Small Animal Adoption Form**

Dat	re:	Office Use Only	
Name(s):		Animal's Name:	
Add	dress:	Log #:	
City: Postal Code:		Sex:	
Home Phone: Cell Phone:		Age:	
Email:		Breed: Surgery Date:	
		Pick Up Date:	
Yo	ur Home Environment	☐ 24 Hour Hold ☐ Landlord Check Required	
1.	Total # of adults in the home:	☐ Spoken For ☐ Vet Check Required	
2.	Total # of children in the home or who visit frequently:	☐ Deposit Paid	
3.	Ages of children living or frequently visiting the home:		
4.	I want to adopt this animal for: $\square$ Myself $\square$ A child $\square$ Breeding	☐ Someone else ☐ A Surprise/gift	
5.	Are you 18 years or older? ☐ Yes ☐ No		
6.	Do you live with a parent/guardian? $\square$ Yes $\square$ No  If yes, please provide their name and phone #:		
7.	Are you a student?		
8.	Who will be responsible for the care of this animal?		
9.	Does anyone in the household have a allergy to the kind of animal you want to adopt?   Yes   No  If yes, how will you cope with this allergy?		
10.	What type of residence do you live in? $\ \square$ House $\ \square$ Apartment/Condo	☐ Townhouse ☐ Mobile home ☐ Other	
11.	I. Do you rent? ☐ Yes ☐ No  If yes, does your landlord/rental agency allow pets? ☐ Yes ☐ No  Please provide your landlord's name and phone #:		
12.	2. How long have you lived at your current address?		
13.	B. Will this animal be allowed outside? ☐ Yes ☐ No If yes, will it be: ☐ Free to wander ☐ In a pen/enclosure ☐ Leashed/harnessed		
14.	4. Where will the animal live? $\Box$ Inside house $\Box$ Outside $\Box$ Garage $\Box$ Barn $\Box$ Basement $\Box$ Free run $\Box$ Other		
15.	Do you consent to a home check before adoption? $\Box$ Yes $\Box$ N	No	
Ar	nimal Ownership History		
	Have you ever adopted a pet from us at HSHPE (formerly Quinte Huma	ane Society)? ☐ Yes ☐ No	
17.	Have you ever surrendered an animal to a Humane Society shelter or a	nimal rescue? ☐ Yes ☐ No	

18. Have you or anyone in your household ever been investigate	Have you or anyone in your household ever been investigated for cruelty/neglect of animals? $\Box$ Yes $\Box$ No	
Please list all the pets <b>currently</b> living in your house, their type, gender and whether they are spayed/neutered:		
Please list all of the pets you have owned <b>in the past</b> and what happened to them:		
21. Have any of your past or present pets had a litter/offspring?	□ Yes □ No	
Are your current animal(s) up-to-date on vaccinations?		
Do you have a veterinarian clinic you currently use?		
Rabbit Care Questions – For Rabbit Applicati	•	
l. What kind of housing, bedding, and litter will your rabbit(s) have?		
. What will you feed your rabbit(s)?		
26. What kind of toys/enrichment will you provide your rabbit(s)?		
27. How many hours a day will you spend socializing with your rabbit?		
3. Are you aware that rabbits require a large pen to live in, and at least 2-4 hours/day out of their pen? $\Box$ Yes $\Box$ No		
. Are you aware that wood shavings can cause serious respiratory and other problems in rabbits? $\Box$ Yes $\Box$ No		
). Are you aware that rabbits have a natural instinct to chew, and rabbit proofing your home is essential? $\Box$ Yes $\Box$ No		
. Are you aware that rabbits require unlimited amounts of grass hay at all times, and without it they will develop serious medical and/or dental issues?		
2. Are you aware most rabbits do NOT enjoy being picked up/cuddled as they are prey animals, and often do not make good pets for young children? $\Box$ Yes $\Box$ No		
33. Are you aware and acknowledge that most rabbits prefer to	socialize with humans on ground level. $\Box$ Yes $\Box$ No	
34. Is there any reason why you would return a rabbit to HSHPE?		
Consent and Signature		
• I understand that HSHPE does not have a vet on staff and that the ar	nimal I am applying to adopt has not been examined by a veterinarian	
I understand that deposits and adoption fees are non-refundable.		
	I understand and consent that Humane Society Hastings Prince Edward may inspect the animal and if the conditions under which it is kept are not considered satisfactory, HSHPE, in its sole discretion, may take possession of the animal.	
I hereby state that all answers are truthful and understand that HSH	PE reserves the right to decline any application at its own discretion.	
	Office Use Only	
Applicant's Signature	☐ Approved ☐ Name Check ☐ 110:	
Applicant's Signature:	Staff Signature:	
Date:		