



# Rabbit, Small Animal, or Bird Adoption Applicant Profile

ANIMAL NAME: _____
Species: _____
IMPOUND #: _____
<i>OFFICE USE ONLY</i>
<input type="checkbox"/> APPROVED      P/U DATE: ____/____/____

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_; TIME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PRESENT VET: \_\_\_\_\_



- WHO WILL LIVE WITH THIS ANIMAL? \_\_\_\_\_
- DOES THIS INCLUDE ANY CHILDREN?  YES  NO. IF SO, WHAT ARE THEIR AGES? \_\_\_\_\_
- WILL THIS ANIMAL BE KEPT:  INSIDE,  OUTSIDE,  BOTH?
- WHAT KIND OF HOUSING AND EXERCISE FACILITIES WILL THIS ANIMAL HAVE? \_\_\_\_\_  
\_\_\_\_\_
- WHERE WILL THIS ANIMAL SLEEP THE *FIRST* NIGHT? \_\_\_\_\_
- UNDER WHAT CIRCUMSTANCES WOULD YOU *NOT* KEEP THIS ANIMAL? \_\_\_\_\_  
\_\_\_\_\_
- WHAT IS YOUR EXPERIENCE WITH THIS SPECIES?  FIRST TIME OWNER,  HAD ONE OR TWO,  ENTHUSIAST.
- WHAT IS YOUR ACTIVITY LEVEL AT HOME?  PEACEFUL,  MEDIUM,  ACTIVE

**CURRENT PETS**

	BREED?	SPAYED, NEUTERED?	AGE?	KEPT WHERE?	OWNED HOW LONG?	LICENSE # (DOGS ONLY)
1.						
2.						
3.						

**PETS OWNED IN THE LAST 5 YEARS?**

	BREED?	SPAYED, NEUTERED?	KEPT WHERE?	WHAT HAPPENED TO IT?
1.				
2.				
3.				

- **WHY DO YOU WANT AN ANIMAL? FOR**  CHILDREN,  YOUR COMPANIONSHIP,  YOUR SPOUSE,  A GIFT,  COMPANIONSHIP FOR YOUR OTHER PETS.
  - **OTHER REASONS?** \_\_\_\_\_
  - **WHY DO YOU WANT THIS ANIMAL?** \_\_\_\_\_
- 
- **DO YOU HAVE A SECOND CHOICE?**  YES  NO. IF SO, NAME: \_\_\_\_\_
  - **DO YOU LIVE IN A**  HOUSE,  CONDO,  APT.,  MOBILE HOME. TIME AT CURRENT ADDRESS? \_\_\_\_\_
  - **DO YOU**  OWN OR,  RENT? IF YOU RENT, ARE PETS ALLOWED?  YES,  NO
- LANDLORD NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

<b>&gt;&gt;&gt;&gt;PLEASE READ &amp; SIGN&lt;&lt;&lt;&lt;</b> <b>ADOPTION APPLICATION AND ADOPTION POLICIES</b>	
<ul style="list-style-type: none"> <li>• Applicants may not interact with a pet or adopt a pet for six business days after the pet's impound (or arrival) at the Shelter. (Sundays and holidays do not count.) Applications are accepted on pets during the waiting period.</li> <li>• Applicants must interact with pet before adoption.</li> <li>• When possible for the species, pets adopted from this shelter are spayed or neutered.</li> </ul>	<ul style="list-style-type: none"> <li>• The adoption process is not first-come first-served. Shelter management makes the decision for each adoption. Each pet is different as is each applicant. Shelter management looks for a compatible fit between pet and applicant.</li> <li>• The shelter will try and contact unsuccessful applicants.</li> </ul>
<b>Species Specific Questions:</b> <ul style="list-style-type: none"> <li>• Does keeping this species require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No. Does the adopter have a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No.</li> <li>• Are there number limits on this species in the adopter's jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No. IF yes, THEN what are the limits? _____</li> <li>• Is a site inspection needed before adopting this species? <input type="checkbox"/> Yes <input type="checkbox"/> No.</li> <li>• Does the adopter know how to handle this species? <input type="checkbox"/> Yes <input type="checkbox"/> No. IF no, THEN provide this information.</li> <li>• Does the adopter know the dietary requirements for this species? <input type="checkbox"/> Yes <input type="checkbox"/> No. IF no, THEN provide this information.</li> </ul>	
<b>APPLICANT'S SIGNATURE:</b> _____ <i>To the best of my knowledge, the information provided on this form is accurate. I understand that submission of this form does not guarantee that I will be able to adopt this animal.</i>	

FOR OFFICE USE ONLY	
APPLICATION RECEIVED BY _____ INITIAL LANDLORD APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIAL <input type="checkbox"/> ADOPTER TO CONTINUE MEDICATION <input type="checkbox"/> STAFF HAS REVIEWED SPECIES SPECIFIC QUESTIONS WITH ADOPTER.  <input type="checkbox"/> APPROVED, BY: _____, DATE/TIME: _____ <input type="checkbox"/> REFER TO MANAGEMENT	<input type="checkbox"/> APPLICATION COMPLETE <input type="checkbox"/> ADDED IMPOUND NUMBER <input type="checkbox"/> REVIEWED WITH ADOPTER <input type="checkbox"/> ANIMAL AND ADOPTER HAVE INTERACTED <input type="checkbox"/> IF REQUIRED, PERMIT OR SITE INSPECTION COMPLETE.
<b>INTERACTION RESULTS</b> NOTES AND RESULTS OF INTERACTION WITH ADOPTER      BY VOLUNTEER/STAFF: _____  _____ _____ _____	
OTHER COMMENTS	