

- [] INV
- [] POA
- [] ID
- [] SB



Cage # _____
 PetPoint # _____
 Name of Animal _____
 Breed _____
 Male _____ Female _____

SMALL ANIMAL ADOPTION APPLICATION

**HUMANE SOCIETY LONDON & MIDDLESEX
 RESERVES THE RIGHT TO DECLINE ANY APPLICATION**

The decision to adopt an animal is an important one. The purpose of this application is to ensure that our small animals are placed in loving homes that are able to give them a lifetime commitment. Please be aware that the adoption process may take up to 24 hours.

| Basic Information | | | | | |
|---|--|--------------------------------|--|--------------------------------|-------------------------------|
| First Name: | | | Last Name: | | |
| Street Address: | | | | Unit Number: | |
| City: | | Province: | | Postal Code: | |
| E-mail Address: | | | | | |
| Home#: | | Cell#: | | Work#: | |
| Age Range: (you must be at least 18 years old to apply) | | <input type="radio"/> 18 to 29 | <input type="radio"/> 30 to 44 | <input type="radio"/> 45 to 65 | <input type="radio"/> over 65 |
| Are you currently (check all that apply): | | | | | |
| <input type="radio"/> Working (if so, how many hours/week? _____) <input type="radio"/> Homemaker <input type="radio"/> Retired <input type="radio"/> In school (if so, how many hours/week? _____) <input type="radio"/> Other: _____ | | | | | |
| Have you ever adopted from us before? | | | <input type="radio"/> Yes; when? _____ | | <input type="radio"/> No |

| Spouse/ Partner Information | | | | | |
|---|--|--------------------------------|--------------------------------|--------------------------------|-------------------------------|
| First Name: | | | Last Name: | | |
| Age Range: | | <input type="radio"/> 18 to 29 | <input type="radio"/> 30 to 44 | <input type="radio"/> 45 to 65 | <input type="radio"/> over 65 |
| Are you currently (check all that apply): | | | | | |
| <input type="radio"/> Working (if so, how many hours/week? _____) <input type="radio"/> Homemaker <input type="radio"/> Retired <input type="radio"/> In school (if so, how many hours/week? _____) <input type="radio"/> Other: _____ | | | | | |

Household Information

Please list the names of those the **age of 18 or older** that currently live with you

| | | |
|-------------|------------|---------------|
| First Name: | Last Name: | Relationship: |
|-------------|------------|---------------|

| | | |
|-------------|------------|---------------|
| First Name: | Last Name: | Relationship: |
|-------------|------------|---------------|

| | | |
|-------------|------------|---------------|
| First Name: | Last Name: | Relationship: |
|-------------|------------|---------------|

| | | |
|--------------------------------|---|--------------------------|
| Do you have children under 18? | <input type="radio"/> Yes; please list ages _____ | <input type="radio"/> No |
|--------------------------------|---|--------------------------|

| | | |
|---|---------------------------|--------------------------|
| If yes, has your child(ren) been around small animals before? | <input type="radio"/> Yes | <input type="radio"/> No |
|---|---------------------------|--------------------------|

If yes, whose small animal(s) have they been exposed to, and how often?

What do you consider to be appropriate behavior for children around small animals?

| | | |
|--|---------------------------|--------------------------|
| Do you plan to have children in the foreseeable future? | <input type="radio"/> Yes | <input type="radio"/> No |
|--|---------------------------|--------------------------|

If yes, how will this change affect the future of your small animal(s)?

| | | | |
|--|---------------------------|--------------------------|---------------------------|
| Has everyone in the household participated in this decision? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
|--|---------------------------|--------------------------|---------------------------|

| | | | |
|---|---------------------------|--------------------------|---------------------------|
| Is anyone in the household allergic to small animals? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
|---|---------------------------|--------------------------|---------------------------|

Do you live in a(n): House Townhouse Duplex Semi-detached
 Apartment; unit number _____ Condo; unit number _____

| | | | | |
|------------|----------------------------|---------------------------|---|---------------------------------|
| Do you.... | <input type="radio"/> Rent | <input type="radio"/> Own | <input type="radio"/> Live with parents | <input type="radio"/> Roommates |
|------------|----------------------------|---------------------------|---|---------------------------------|

How long have you lived at your current address?

How many times have you moved in the past 5 years?

| | | |
|---|----------------------------------|--------------------------|
| Do you plan to move in the near future? | <input type="radio"/> Yes; when? | <input type="radio"/> No |
|---|----------------------------------|--------------------------|

If yes, how will this change affect the future of your small animals(s)?

Your Experience

Please list all the animals you have had **previously in your adult life** in the chart below:

| | | | |
|--------------------------------|----------------|-------------------------------------|---------------------------------|
| Type/breed of animal? _____ | Name: _____ | Where did you get him/her? _____ | What happened to them? _____ |
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| Type/breed of animal? _____ | Name: _____ | Where did you get him/her? _____ | What happened to them? _____ |

Please list which animals you still **currently** have:

| | | | |
|--------------------------------|----------------|-------------------------------------|--------------------------------------|
| Type/breed of animal? _____ | Name: _____ | Where did you get him/her? _____ | Age: _____ |
| | | | How long have you had them? _____ |
| Type/breed of animal? _____ | Name: _____ | Where did you get him/her? _____ | Age: _____ |
| | | | How long have you had them? _____ |
| Type/breed of animal? _____ | Name: _____ | Where did you get him/her? _____ | Age: _____ |
| | | | How long have you had them? _____ |

Are all your pets spayed or neutered?

Yes

No

Are all your pets vaccines currently up to date?

Yes

No

If you have a dog, does (s)he get along well with other animals?

Yes

No

If you have a cat, does (s)he get along well with other animals?

Yes

No

How do you plan to protect your small animal(s) from your other pets?

Adoption Questions

How long have you been planning to adopt?

Why do you want to adopt this particular small animal(s)?

Are you familiar with the needs of the breed type that you are wanting to adopt?

Yes No Please Explain: _____

In your opinion, what are the most important things this type of animal requires?

Please list behaviours common to this type of animals.

What behaviours would you find difficult to tolerate and how would you deal with that?

Are you willing to handle and provide proper socialization to your animal depending on the species requirements? Please explain: _____

Are you aware that small animals may bite if they are surprised or handled inappropriately?

Yes No Please Explain: _____

What is the life expectancy for this type of animal, and are you prepared for that kind of commitment?

What do you believe this type of animal should eat?

How often should fresh food and water be provided?

What type of bedding would you provide, and how often should it be changed?

Adoption Questions

Will your small animal live inside of an enclosure, outside of an enclosure, or both?

How large will the enclosure be?

Where in your home will you keep your small animal(s)? (ie, location of enclosure)

Where will you keep your small animal(s) while you are out of the home?

Where will you keep your small animal(s) at night?

If you go on vacation, have an unscheduled trip, emergency, or become hospitalized, what arrangements will be made for your small animal(s)?

What do you plan to do with your small animal(s) if you move?

If the animal(s) become ill, will you obtain veterinary care?

Yes

No

On average, how many hours per day would your small animal(s) be left alone?

Are you adopting this animal for: yourself or someone else; who: _____

Please describe a typical day for your animal:

Cost Estimates:

Please write the estimated amount you expect to incur for the following items:

| | |
|---|----|
| Food costs each month | \$ |
| Supplies each month (bedding, enclosures, chews, toys, etc.) | \$ |
| Annual routine veterinary care | \$ |
| How much are you willing to spend if your small animal becomes ill? | \$ |

Poll:

How did you find out about this animal?

- Facebook Instagram Twitter HSLM Website Coming into the shelter
 Other _____

Is there anything else you'd like to share with us?

By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in losing the privilege of adopting an animal. I understand that Humane Society London & Middlesex has the right to decline my request to adopt an animal, and I authorize investigation of all statement in this application. I also consent to allowing HSLM to send me electronic copies of newsletters.

Signature

Date

