

CITIZENS FOR ANIMAL PROTECTION SMALL MAMMAL ADOPTION APPLICATION

You must be 18 years or older to adopt from CAP and to complete this Adoption Application.

*Staff
initial*

*Staff
initial*

Adoption Process Time: (staff only)		Date _____
Start Time _____	Time Completed _____	Adoption Counselor _____

Animal Information: (staff only)		Foster _____
1st Adoption: Incoming # _____	\$ _____	\$ _____ Disc Type _____
2nd Adoption: Incoming # _____	\$ _____	\$ _____ Disc Type _____

*Chk
animal*

*History /
Memos*

Adopter Name _____	DL# _____
Adopter Address _____	Apt _____
City _____	State _____ Zip _____
How long have you lived at this address? _____	Is this where the animal will live? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone1 _____	Cell__ Home__ Work__
Phone2 _____	Cell__ Home__ Work__
Your employer _____	

I live in: <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Condo/Townhome <input type="checkbox"/> Other _____
<input type="checkbox"/> I own my home
or <input type="checkbox"/> I rent my home - (Landlord or Apt Name _____ Phone _____)
or <input type="checkbox"/> Someone else owns my home (ex. parents, roommate, relative, etc) _____
Please list <u>all adults</u> living in the residence:
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
How many children live at this residence? _____ Ages: _____/_____/_____/_____

Deposit

Rent

pets

Weight

CURRENT PET HISTORY: Please list pets you currently have:

Type of Pet	Age	Spayed/Neutered?	Kept inside? Outside? Both?

PREVIOUS PET HISTORY: Please list pets you have had in the past 5 years but no longer have:

Type of Pet	Age	Spayed/Neutered?	Reason no longer have

Have you adopted from CAP previously? _____ If yes, do you still have the pet? _____

What is the name of your veterinarian or clinic? _____

Are all your own animals current on vaccinations? _____

Please tell us why you have decided to adopt an animal today _____

Who will be the primary care giver of this animal? _____

Have you cared for this type or a similar type of animal before? _____

What type of habitat will this animal be kept in? _____

Where will this animal be kept? Indoors _____ Outdoor _____ Both _____

Describe the daily care and nutrition this animal will receive _____

Please check any of the following items that you would like information about:

____ Best types of treats and toys ____ Best type of bedding ____ Socialization

____ Teeth and nail trim care ____ Common illnesses and what to watch for after I take this pet home

____ How to introduce this animal to my other pets ____ How to introduce this animal to my children

Please feel free to ask you adoption counselor any other questions or concerns you may have.

ADOPTION REQUIREMENTS :

(Please read and circle YES or NO)

I agree to give CAP the authority to verify my information and I understand that CAP reserves the right to approve or disapprove my application based on the information provided. YES NO

I certify that all adults at this residence are aware and have consented to the adoption of this pet. YES NO

I certify that I have permission from my apartment complex or landlord to have this pet there. YES NO

I understand that CAP can make no guarantees as to the temperament or health of this animal and I can return this pet **within 2 weeks of adoption** if there is a temperament or health issue. YES NO

I understand that I may be eligible for an exchange (dependant on the circumstances) if I decide to return the pet within two weeks of adoption. YES NO

I agree to make an appointment with a veterinarian at a full service clinic **within 72 hours** of picking up the pet. I understand that this examination is free if I use the veterinarians on the list given to me. YES NO

I understand that I may call CAP if this pet becomes ill **within 2 weeks of adoption** (or if the free examination finds a health concern). I will be able to bring the pet in for a free veterinary evaluation. If the CAP veterinarian determines that the pet had a preexisting condition at the time of adoption or develops an illness that could have been obtained at CAP, I have the option to purchase medications at a minimum cost for my pet. Health issues that originate after 2 weeks of the adoption must be addressed at my own vet clinic. YES NO

I understand and agree that if I choose to have this pet treated outside of CAP, I will be responsible for all expenses that are incurred. YES NO

I understand and agree to provide proper care, companionship, medical treatment, obey local and state laws, and provide any other needs that will ensure this animal enjoys a happy, healthy and loving life. YES NO

If I can no longer care for this pet, I agree to return it to CAP and NOT re-home it. YES NO

I certify that I have answered all questions and provided information truthfully and to the best of my ability. I understand that any false information may be cause for denial of this application. YES NO

I understand that once this application is submitted, it becomes the legal property of CAP and information cannot be altered or changed. YES NO

I understand the contribution given by me is not refundable. YES NO

Signature _____ **Date** _____

STAFF USE ONLY:

Approved _____ by _____ or Declined _____ by _____ Manager _____

Reason _____