

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.
Please turn in to the Customer Service Associate when completed.

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 _____

Adopter Name _____ DL# _____

If left blank, application will be returned
and processing will be delayed

Adopter Address _____ Apt _____

City _____ State _____ Zip _____

How long have you lived at this address? _____ Is this where the animal will live? Yes No

Phone1 _____ Cell__ Home__ Work__

Phone2 _____ Cell__ Home__ Work__

EMAIL _____

Your employer (company name) _____ If not employed, please list other source of
income or person who will be financially
responsible for care of pet

I live in: Apartment House Condo/Townhome Other _____

I own my home

or I rent my home - (Landlord or Apt Name _____ Phone _____)

or Someone else owns my home (ex. parents, roommate, relative, etc) _____

Please list all adults living in the residence:

____ Name _____ Relationship _____ DL# _____

____ Name _____ Relationship _____ DL# _____

____ Name _____ Relationship _____ DL# _____

How many children live at this residence? _____ Ages: _____ / _____ / _____ / _____

____ Chk cat

____ Chk Memos

____ History /
Memos

____ Chk name
& ID

____ Verify
address

____ Deposit

____ Rent

____ # pets

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 _____ Outdoors _____ 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 type of treats and toys ___ Best type of bedding

___ Teeth and nail trim care ___ Socialization

___ How to introduce this pet to my other pets ___ How to introduce this pet to my children

___ Common illnesses and what to watch for after I take this pet home

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 (dependent 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 two 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** _____

<p>STAFF USE ONLY:</p> <p>Approved _____ by _____ or Declined _____ by _____ Manager _____</p> <p>Reason _____</p>
