



Animal Name: _____

Shelter ID: _____

Application Date: _____

Small Animal Adoption Application

Adopting an animal is a long-term commitment. Please complete this form to assist us in determining whether the animal you would like is suitable for your home and lifestyle. When selecting an animal, it is important to bring your entire family.

All information collected on this application is kept confidential.

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1. Where do you learn about the KHS adoption program _____
 2. If the animal is currently residing with a foster family, do you consent to sharing your name, phone number and email address with them to facilitate communication? ☐ Yes ☐ No
 3. Reason for adopting (please check) ☐ Playmate for child ☐ Pet/Companion ☐ Hunting ☐ Guard dog
☐ Other: Please Describe _____
 4. Who are you adopting for: ☐ Yourself ☐ Someone else (please indicate): _____
 5. Are you 18 year or older: ☐ Yes ☐ No Date of birth: _____
 6. Do you live in a: ☐ House ☐ Apartment ☐ Townhouse/Unit ☐ Condo → Do you ☐ Rent ☐ Own
 7. How many people live in your household: _____ Adults _____ Kids Please list children's ages: _____
 8. Are you a student: ☐ Yes ☐ No → What school do you attend _____
 9. If you are a student, what will you do with your animal when done school _____
 10. Is everyone in your household in agreement that you adopt this small animal: ☐ Yes ☐ No
 11. Is anyone in your household allergic to pet dander, hay, shavings or grasses: ☐ Yes ☐ No
 12. Will the animal be housed outside: ☐ Yes ☐ No → Will the animal be allowed outside ☐ Yes ☐ No
 13. Will the primary home be: ☐ Aquarium ☐ Wire cage ☐ Own room ☐ Free run of home ☐ Other(explain) _____
 14. How much time will be given daily to exercise and play (in hours): _____
 15. What will you feed your animal _____
 16. Do you have any pets currently: ☐ Yes ☐ No → Please listed quantity, species, age, sex: _____
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17. If you have pets currently, are their vaccines up to date: ☐ Yes ☐ No → Are they spayed/neutered ☐ Yes ☐ No
 18. If you do not have pets currently, have you had pets in the past ☐ Yes ☐ No
 19. If yes, what became of them: ☐ Gave away ☐ Died (How? Age, disease _____) ☐ Other: please indicate _____
 20. Were you the primary caregiver ☐ Yes ☐ No ☐ Other (ie: family pets) _____
 21. Have you lost a pet to an infectious disease in the last 6 months: ☐ No ☐ Yes please indicate: _____
 22. Have you surrendered/rehomed a pet to an OSPCA, Humane Society, Pound or Person in the last 6 months:
☐ No ☐ Yes if yes, please explain _____
 23. For what reason would you consider giving up/rehoming your pet _____
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24. Have you adopted from KHS before: ☐ Yes ☐ No
 25. Would you permit a home visit by one of our staff to ensure this is a good visit for the dog you wish to adopt:
☐ Yes ☐ No
 26. Do you have a veterinarian with small animal experience: ☐ Yes ☐ No
 27. How often should your small animal see a veterinarian: _____
 28. How much do you expect to spend per year on your dog, including but not limited to: food, vet costs, etc.....
☐ \$50-\$100 ☐ \$100-\$300 ☐ \$300-\$500 ☐ \$500-\$1000 ☐ >\$1000
 29. Is there anything else you would like us to know as we begin to process your application _____
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See reverse side



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YOUR INFORMATION <i>By signing below, I certify that the information I have provided is true.</i>	REFERENCES Please authorize your veterinarian to release information to the KHS. If you do not have a veterinarian, please list two personal references.
Name (please print):	Reference #1: Veterinarian
Signature:	Company Name:
Address:	City: Tel:
City: Province:	Reference #2: Personal
Postal Code:	Name:
Telephone:	City: Tel:
Alt. telephone:	Reference #3: Employer
Email:	Company Name:
KHS reserves the right to refuse adoption to any individual. We will not release the reason for refusal	City: Tel:

