



Animal Name: _____

Shelter ID: _____

Application Date: _____

Small Animal Adoption

Adopting a small animal is a long-term commitment. Please complete this form to assist us in determining whether the pet you would like is suitable for your home and lifestyle. When selecting a pet, it is important to bring your entire family.
All information collected on this application is kept confidential.

1. Where did you learn of the KHS adoption program? _____
2. Reason for adopting (please check): Playmate for child Pet/Companion Science/Class Pet Breeding Other: _____
3. Who are you adopting for? Yourself Someone else (please indicate): _____
4. Are you 18 years old or over? Yes No Date of Birth: _____
5. Do you live in a: House Apartment Townhouse/Unit Condo Rural Area Do you: Rent Own
6. How many people live in the household? Adults Children Please list children's ages: _____
7. Are you a student? No Yes School: _____ Year/level: _____
8. If you are a student, what you will do with the pet when you are finished school? _____
9. Is everyone in your household in agreement that you adopt this small animal? No Yes
10. Is anyone in your household allergic to pet dander, hay, shavings or grasses? No Yes
11. Will the animal be housed outside? No Yes
12. Will the animal be allowed outside? No Yes If 'yes', will s/he be Free or Harnessed?
13. Will the primary home of the animal 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? No Yes Please provide details – quantity, species, age, sex: _____
17. If you have pets currently: (a) Are their vaccinations up-to-date? No Yes (b) Are they spayed/neutered? No Yes
If you answered no to either, please explain: _____
18. Do you intend to spay/neuter your small animal? No Yes I don't know
19. If you do not currently have pets, have you had any in the past? No Yes
If 'yes', what became of them? Gave away Died (How? E.g. age, disease _____) Other (please indicate): _____
20. Have you lost a pet to an infectious disease in the last three months? No Yes If 'yes', please indicate: _____
21. Have you ever surrendered a pet to an OSPCA, humane society, or pound? No Yes If 'yes', why? _____
22. For what reason would you consider giving up your pet? _____
23. Have you previously adopted from the Kingston Humane Society? No Yes
24. Would you permit a home visit by one of our staff to ensure a good placement for the pet you wish to adopt? No Yes
25. Do you have a veterinarian with small animal experience? No Yes How often should your pet see a veterinarian? _____
26. How much do you expect to spend annually on your pet? \$20-\$100 \$100-\$300 \$300-\$500 \$500-\$1000 >\$1000

YOUR INFORMATION	REFERENCES
<i>By signing below, I certify that the information I have provided is true.</i>	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:	Name:
Address:	City: Tel:
City: Province: Postal Code:	Reference #2: Personal
Telephone: Alt. telephone:	Name:
Email:	City: Tel:
STAFF USE ONLY	Reference #3: Employer
Application Received: Date: _____ Time: _____ Initial: _____	Name:
1. Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initial: _____	City: Tel:
2. References: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initial: _____	
3. Check if applicant is in PP: <input type="checkbox"/> Notes on reverse	
4. Adoption approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____	
5. Notification of approval/denial: Date: _____ Initial: _____	

The KHS reserves the right to refuse adoption to any individual. We will not release the reason for refusal.

STAFF USE ONLY

Is this for preapproval? Yes / No

References

Veterinarian:

Personal #1:

Personal #2:

Pet Point Notes/Information:

Questions and/or Concerns:

Meet and greet required? Yes / No Date: _____ Approved: Yes / No

Notification of Approval/Denial

Attempt #1 Successful? Yes / No Left voicemail? Yes / No Date: _____

Attempt #2 Successful? Yes / No Left voicemail? Yes / No Date: _____

Adoption fee discussed: Yes / No Date: _____

Finalized adoption date: _____

Notes:
