



Small Adoption Application Form

Rabbit/Gerbil/Degu/Guinea Pig and Other

Email address _____

Name of Adoptive Animal _____

Name of Adoptive home applicant(s) _____

Phone Number

Cell _____ **Work** _____ **Home** _____

Address

Physical Address, if different from above

If less than 2 years, please list former address

Do you own or rent

Please note, if you rent we will require a written permission from your landlord allowing this adoption.

Own Rent

Name of Landlord _____

Phone number of Landlord _____

Are there any restrictions, covenants or bylaws that limit the number or size of pets you are allowed to house where you live? Yes No

If yes, what is the limit allowed? _____

Other members of your family living in adoptive home

Please include roommates, children, and ages.

Age of Potential Adopter(s)

18-25 26-35 36-45 46-55 56+

Is everyone in your household/family group equally enthusiastic about adopting this animal?

Does anyone in your household/family have allergies/asthma Yes No

If yes, please explain

How did you hear about us? _____

How long have you been thinking of adopting an animal? _____

Please describe the personality or characteristics you're looking for in a companion animal

Why do you want to adopt this animal?

Are you adopting this pet to use for food?

Yes

No

Do you have experience handling animals?

Yes

No

Have you had small pets before?

Yes

No

Have you researched or are you experienced with small animal needs?

Yes

No

Please describe your thoughts about the most important responsibilities of owning this animal

Please describe your home, include any important details

(House, townhouse, apartment, yard, environment, etc)

Where will the animal be when you are not at home?

How many hours during an average day will the animal be left alone?

Who will care for your animal(s) while you are away?

(Ex. when you are on vacation) _____

What will you do with the pet while you are at work? _____

Where will the animal sleep? _____

If the animal is to be in a cage, is it sized appropriately for its comfort? _____

Small animals require daily exercise outside of a cage. Please describe your planned exercise area

Who is or will provide your veterinarian service? _____

Small Animal illness strikes quickly. Warning signs include changes in eating, drinking, defecating, breathing or activity level. How would you respond to possible health concerns?

Did you know many small animals teeth and nails grow life-long and need to be checked regularly? _____

G.E.N.T.L is an acronym which describes the physical needs of small animals. Please describe your plan to maintain each area.

(ex. regular vet checks, trimming, looking over, etc)

Glands _____

Ears _____
Nails _____
Teeth _____
Look once over _____

Have you researched small animal pet food needs? _____

What foods should you avoid?

Small Animals require a variety of foods to meet their dietary needs. Please list the types/brands of food you will use to meet the needs of your new small animal(s).

Rabbits, Guinea Pigs, Chinchillas: Hay, Pellets, Veggies.

Birds: Seed, Veggies/Fruit.

Mice, Hamsters,

Gerbils: Food, Veggies/Fruit.

Please list your current pets, including breed, gender, age and if they are spayed or neutered

For pets previously owned, but no longer with you, please explain and provide the reason (Ex. passed of old age, accidental death, re-homed privately, took to shelter, euthanized, etc.)

Do you understand that changing an animal's environment may cause the animal to have accidents or chew, etc. especially during the early days of adoption?

Yes No

If a behavioural problem arises, what steps would you take to remedy that situation?

Do you understand and accept that animals can cause damage to your carpets, furniture, vehicles and belongings? Yes No

Describe how you might respond to the accidents your animal may have

(Ex. chewing, scratching, ripping, etc.)

Are you willing to make a commitment to this animal for the rest of his/her life?

Yes No

Under what circumstances would you get rid of an animal and what rehoming method would you use?

If an animal must be re-homed for any reason, IWARS reserves the right to accept the animal back or can offer options to help. Are you aware that if you need to re-home your small animal, you can contact IWARS for assistance?

Yes No

Do you have any questions or concerns to discuss?

REFERENCES

Please provide one references not living with you. Please print clearly.

Reference 1

Name _____

Phone Number (home) _____

Phone Number (cell) _____

It is the policy of IWARS Small Animals, within 2 weeks of each adoption, to follow up with a complimentary phone call. Upon request of the adopter, or should concerns arise regarding the well-being of the animal, we reserve the right to conduct a home visit. I understand and accept these terms. INITIAL: _____

I certify that I am adopting this animal strictly for companionship purposes, this animal will NOT be used for breeding. INITIAL: _____

Disclaimer

I, _____, have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to accurately answer the questions in this application could result in the application being declined.

Signed: _____

Printed: _____

Dated: _____

I, the Infinite Woofs Animal Rescue Representative or Pet Store Representative, acknowledge I have reviewed this application and that it is answered fully and completely.

Signed: _____

Printed: _____

Dated: _____