



SMALL ANIMAL ADOPTION APPLICATION

Our Companions Animal Rescue (860) 242-9999

Adoptive Pet's Name _____

Our Companions Staff Member _____

Our Companions is a 501c 3 nonprofit organization that provides services to help pet owners re-home their pets. Our goal is to prevent animals from ending up in shelters. Please note: The pet you are applying for may not be legally owned by Our Companions and the adoption may be subject to the owner's discretion. Our Companions role is often to assist with the adoption between two private parties. It can take up to a week to review your application and we'll contact you within that timeframe. Thank you for your interest in adopting a companion animal!

Type of Animal Interested in Adopting: Guinea Pig Turtle Rat Bird Hamster/Gerbil Other: _____

PLEASE PRINT		APPLICANT INFORMATION			
Last Name		First		Middle	Date of Application
Home Address				City	
State	Zip	Employer	Your Occupation	Work Hours/Days	Years employed
Home Phone Number ()		Business Phone ()		Cell Phone ()	E-Mail Address
Name of <u>additional</u> responsible adult in household			Occupation	Phone ()	
Check <input checked="" type="checkbox"/>		HOUSEHOLD INFORMATION			
Rent <input type="checkbox"/>	Single Family House <input type="checkbox"/>	Multi Family House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Condo <input type="checkbox"/>	Mobile Home <input type="checkbox"/>
Own <input type="checkbox"/>	Live with Friends/Family Members <input type="checkbox"/>		Other (explain)		
Landlord's Name			Landlord's Phone Number ()	Does your lease allow pet(s)?	
Length of time in current residence?		If less than 1 year, please provide previous address and length of time at that residence.			
How many adults in your household?			Children?	Ages of children:	
If moving becomes necessary, what will you do with your pet/s if you cannot find a residence that allows pets?					
Are any members of your household allergic to animals? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>					
Does everyone in the household agree with adopting this small animal? Yes <input type="checkbox"/> No <input type="checkbox"/>				Will this small animal be a gift? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTHER PETS					
List pets that you own, or have owned, in the past 5 years:					
Type of Animal/Breed	Name	Age	Sex	Spayed or Neutered ?	Still own? (if no please explain)
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are all your pets up to date with vaccines? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>					
VETERINARIAN INFORMATION (Notify your vet we will be calling to provide release of information)					
Name of your Veterinarian			Name of clinic or hospital		
City			State	Phone Number ()	
Please list any other vets/ vet hospitals, 24-hour emergency clinics or vaccine clinics that you have used for your current or recently deceased animals.					
PERSONAL REFERENCES (ONE FAMILY MEMBER ONLY PLEASE)					
Reference #1 – Name		Address		Phone Number ()	
Reference #2 – Name		Address		Phone Number ()	

Why are you interested in adopting a small animal at this time? Companion to me/family <input type="checkbox"/> Companion for another pet <input type="checkbox"/> For Breeding <input type="checkbox"/> Other <input type="checkbox"/> (If other, explain)		Do you prefer? Male <input type="checkbox"/> Female <input type="checkbox"/> Doesn't matter <input type="checkbox"/>	
How many hours per day will the small animal be without companionship? <i>hrs</i>		Where will the small animal be kept during this "alone" time?	
Where will you primarily keep your small animal? Indoors Only <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Outdoor <input type="checkbox"/>		Who will be primarily responsible for the care of this small animal?	
What is the activity level in your home? <input type="checkbox"/> Quiet - 2 or less adults/seniors, no children, applicant(s) home most days. <input type="checkbox"/> Calm - Applicant(s) often home, 3 or less family members residing in the home, no young children. <input type="checkbox"/> Moderate - Applicant(s) work typical schedule (5 days per week, home most weekends). <input type="checkbox"/> Busy - Home has active use of television, stereo. Young children in home, children playing indoors. <input type="checkbox"/> Active - Frequent visits by friends/family, multiple children, other pets, busy weekends – time spent out of the home.			
How much would you estimate expenses to be for 1 year? Supplies \$ Vet \$		What type of food would you feed your small animal and how often?	
What arrangements would you make for the care of your small animal when you go on vacation?		Are you planning to start a family? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	
Do you think your pet should have a yearly physical exam? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>		Do you believe you can provide a good home for your pet for its entire lifetime, which could be many years? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	
Describe under what circumstances might you decide not to keep your small animal? (Check all that apply)			
New Job <input type="checkbox"/> New Baby <input type="checkbox"/> Problem with pet's health <input type="checkbox"/> Conflict with other household pets <input type="checkbox"/> Moving <input type="checkbox"/> Monetary Issues <input type="checkbox"/> Problem with pet's behavior <input type="checkbox"/> Illness or Allergies <input type="checkbox"/> Other <input type="checkbox"/>			
Have you ever adopted a pet from an Animal Shelter, Pound or Rescue organization before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you ever given up a pet for adoption or surrendered an animal to an Animal Shelter, Pound or Rescue organization before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you accept an animal that has a treatable medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure – need further information <input type="checkbox"/>		Behavior problems can arise for many reasons; most can be solved. Do you agree to seek help and assistance to resolve these issues rather than give up your pet should problems occur? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	
Do you understand why we require our adopted animals to be spayed/neutered, if applicable? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain.		Would you allow a Rescue representative to do a home visit? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain.	
How did you hear about Our Companions Animal Rescue? <input type="checkbox"/> Website <input type="checkbox"/> Advertisement <input type="checkbox"/> Vet/clinic <input type="checkbox"/> Family/Friend/Referral <input type="checkbox"/> Adoption/Special event <input type="checkbox"/> Other animal rescue/organization			
The following will be discussed when you are contacted: ▶ Adoption Donation ▶ Adjustment to new home ▶ Health Care ▶ Behavior Problems ▶ Exercise ▶ Feeding			

Remember: The day you take home a new pet is the day you begin a very special friendship. While you'll have many years together, your companion will never outgrow his/her need for you. We will happily provide information and advice to you on pet care and responsibility. Thank you for taking the time to complete this application. Please mail the completed application to:

Our Companions, P.O. Box 956, Manchester CT 06045 or fax to (860) 394-4030 or e-mail to: Helpline@ourcompanions.org