

HHS Pre - Adoption Application – Birds, Small Mammals, and Exotics

A Name _____ Home:(_____)_____ Cell : (_____)_____

D Address _____ City _____ Zip _____

O E-MAIL: _____ Can we send you a free gift for pet insurance via email? _____

P Emergency Contact: _____ Employer: _____

T Spouse/Roommate Name _____ How did you hear about the HHS? _____

E DO YOU: Rent _____; Own _____;

R Apt _____; House _____; Condo _____; Mobile Home _____; Townhome _____

Owner/ Landlord's Name: _____ Phone :(_____)_____

How long at present address? _____

Number of adults in household? _____ Number of children living in home? _____ Ages _____

Who will be responsible for pet? _____

Anyone in household allergic to animals? Yes / No Have you ever had a pet? Yes / No

Have you ever applied for adoption at HHS? Yes / No Have you ever surrendered an animal? Yes / No

Circle the Species you wish to adopt: African Greys Cockatiels Ferrets Chinchillas Sugar Gliders Guinea Pigs Rabbits Other

List all animals you have **had**, or currently **have**. Include species/breed, age, sex, if not living, include age at time of death and cause. Please include a copy of your vaccination history, photos of the caging/enclosure, and general vet paperwork for each owned animal.

Please describe any experience caring for the particular type of bird, small mammal, or other exotic you are interested in adopting.

General VET reference for these animals? _____ **Phone:** (_____)_____

Client name listed with above Vet clinics: _____ Date of last visit: _____



Are any of your current animals unaltered? Yes / No Will adopted animals be co-housed with unaltered animals? Yes / No

Have you sold or given away any animals? Yes / No If yes, what is the reason and how many? _____

If you must give this pet up for **ANY** reason, do you agree to return the animal to the HHS? Yes / No

Please describe your feeding protocol for birds and small mammals (amounts, frequency, plans to separate if multiple animals):

Please describe the enclosure the animals will be housed in, including dimensions, type of caging, animals housed with, etc:

What are your plans for the birds, small mammals, or other exotics you are interested in adopting?

I/WE CERTIFY THAT THE ABOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I/we understand the HHS reserves the right to verify any and all information given and that the HHS reserves the right to refuse adoption to anyone. I/we have given the responsibility of pet ownership serious consideration and seriously want to adopt. I/we understand the majority of these animals have come to the HHS through our Animal Cruelty Investigations Team. Most lacked proper care and nutrition and were severely malnourished when they arrived. These animals will need time and patience, once adopted, to slowly get back into shape and grow their skills. There will be no refund of my/our adoption donation.

Signed _____ Date _____

ID: _____ **Land lord contacted:** ____/____/____ by _____;

Restrictions: _____

Animal Up To Date; Yes or No **What Vaccinations needed?:** _____

AVI# _____

Call for pick up:

Date: ____/____/____ by _____ **results:**

Date: ____/____/____ by _____ **results:**

Date: ____/____/____ by _____ **results:**

Meet and Greet; Date: ____/____/____ **With Whom:** _____

Completed M.G. Yes___ No___

Scanned/Input into Pet Point

Date: _____ **By:** _____

Notes:

