



## **SMALL ANIMAL APPLICATION**

Thank you for choosing to adopt a pet from TDHS!

Every animal and every home is unique. We are here to help you find the right pet.

We use this application as a starting point to match your lifestyle, needs, and experience with the animals we know so well.

We are committed to finding each TDHS animal the right match.

### **Before you fill in your application, please note:**

- \*Most TDHS adoptions are handled as foster-to-adopt cases. Please familiarize yourself with the adoption process prior to submitting your adoption application.
- \*TDHS animals first come to the shelter either as strays; as a result of a cruelty investigation; or because they've been signed over by a previous owner.
  - \*We cannot guarantee temperament of our animals. Most animals come to us without any background history. We disclose any information that is given to us on a surrender form and what is discovered during a behavior assessment; however, this does not guarantee temperament, as temperament is often an effect of environment and circumstance.
  - \*We cannot guarantee the health of our animals. We disclose observations that are revealed during an exam and information that is provided at the time of surrender.

### **IMPORTANT INFORMATION:**

1. All adopters are responsible for veterinary care and medical bills incurred post adoption.
2. If for whatever reason, you must re-home your new pet, you must first contact TDHS.
3. TDHS reserves the right to verify all information provided on the adoption application (veterinary reference, landlord, etc.)

### **By signing below:**

- \*I certify that the information I have provided in this application is true and I recognize that any misrepresentation of facts or aggression towards staff may result in my losing the privilege of adopting a pet from TDHS.
- \*I understand that TDHS has the right to deny my request to adopt an animal and that TDHS does not adopt animals on a first come, first served basis.
- \*In the event that my application is approved, but another family is chosen for the pet I applied for, my application can be kept on file for up to 6 months.
  - \*I authorize investigation of all statements contained in this application.
  - \*I understand that this application is the property of the TDHS.
- \*I understand that I will be contacted by phone and email throughout the adoption process with the important info and shelter updates. If preference post-adoption is not to receive further emails, I may unsubscribe at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your responses, all of which are confidential.*

***Please note: Due to the high number of applications we receive, ONLY successful applicants will be contacted within 1-3 business days. There is a possibility of a lengthier process for special case animals.***

# Timmins and District Humane Society

## SMALL ANIMAL APPLICATION

**ANIMAL'S NAME:**

### APPLICANT INFORMATION

Name:	Age:	Email:
Address:	Town/City:	Postal Code:
Cell Phone#:	Work #:	Home #
Employer:	Job Title:	Full Time <input type="checkbox"/> Part Time: <input type="checkbox"/> Retired: <input type="checkbox"/> Unemployed <input type="checkbox"/>
Co-Habitant's Name:	Age:	Email:
Cell phone#:	Work#:	Home #
Employer:	Job Title:	Full Time <input type="checkbox"/> Part Time: <input type="checkbox"/> Retired: <input type="checkbox"/> Unemployed <input type="checkbox"/>

### FAMILY/LIFESTYLE

What type of home do you live in?

House  Apartment  Mobile  Farm/Acreages  Duplex  Student Residence

Do you: Rent  Own  Live with Parents  Do you have roommates? Yes  No

How long has you lived at your current address?

How many times have you moved in the past 5 years?

If you were to move in the future, what would happen to your small animal?

If you rent, please provide contact information for your landlord. (Without their consent, the application will not be fully processed)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How many children live in your home? Ages:

How would you describe your household? Check all that apply

Loud  Calm  Busy  Quiet

Does anyone in your home suffer from pet allergies? Yes  No

(If planning to have a family, consider the possibility of allergies developing in your newborn BEFORE adopting.)

What will you do with your small animal if you go on vacation?

Are you prepared to make a 10+ year commitment a small animal may require? Yes  No

On average, how many hours per day will your small animal be left home alone?

Where will the small animal be kept? In a cage:  Loose  Outside Pen

Are you adopting this small animal for yourself or someone else? (Please specify)

Have you ever owned a pet that is no longer with you? (If so please explain why)

Who will be primary caregiver for the small animal?

Have you ever surrendered a pet to a humane society/rescue? If so, please specify the reason and which pet:

Do you believe in spaying/neutering? Yes  No

## Timmins and District Humane Society

### SMALL ANIMAL APPLICATION

#### PET CARE/COMMITMENT

For what reason would you return/re-home your small animal? (check all that apply)

- Allergies       Separation/Divorce       Moving       Chronic medical Issues       Not litter trained   
 New Baby       Destructive       Aggressive       Does not apply

What do you plan to feed your small animal?

What type of bedding will you use in his or her cage/litter box?

How much will you budget for veterinary care for emergency purposes per year?

#### PERSONAL REFERENCES

Only complete this section if you do not have a veterinary reference and please provide 2 character reference instead.

NAME	RELATIONSHIP	CURRENT NUMBER

#### PET CARE/EXPERIENCE

**I have contacted my veterinary clinic and given permission for the medical reference: Yes / No (please circle)**  
\*\* Please note, not completing this part of the application will cause in a delay in processing. \*\*

Tell us about your current pet(s):

SPECIES/BREED	NAME	GENDER/AGE	SPAYED/NEUTERED	VACCINE STATUS	DECLAWED (CATS)

Tell us about your previous pet(s):

SPECIES/BREED	NAME	GENDER/AGE	SPAYED/NEUTERED	DECLAWED (CATS)	LIVING/DECEASED	REASON

Please list each veterinary clinic that has cared for your animals:

NAME OF CLINIC	NAME OF VETERINARIANS DEALT WITH	TELEPHONE NUMBER	CLIENT'S NAME UNDER WHICH THE PET'S RECORDS ARE LISTED

**\*\*In order for us to do a vet reference, you will need to contact all veterinary clinics used for current/previous pets. The vet clinic will not release any information without your consent. Please check off box at the top of the page if you have already contacted them in order to give them permission.**