

Animal Name:	Date:	Time:
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Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Home #: _____ Work #: _____ Cell #: _____

Please list names and ages of all other household members (roommates, spouse, children etc.)

Do you rent or own this residence? Rent Own Other: _____

Landlord's name / phone #: _____

What type of home is this? (house, apt, etc.): _____

Current veterinarian name and number: _____

I have owned the following animals in the past 5 years:

Pet's Name	Breed	Age	Altered	What happened to this pet?
			Y N	
			Y N	
			Y N	

Is this animal a gift? _____ If yes, for whom? _____

Where will the animal be primarily housed? _____

Where would he/she stay if you are out of town? _____

How do you plan on exercising your new pet? _____

What sort of enrichment will you provide your pet? _____

What is your past experience with small mammals? Please circle.

First time small mammal owner **Current small mammal owner** **Had small mammals in the past**

By signing below, I agree that all information provided is true to the best of my knowledge. I give NSPCA permission to verify this information and understand that omission or misrepresentation of facts is cause for denial of this application.

Applicant's Signature
Date

Adoption Counselor: _____

Adoption Counselor Checklist to review with adopter:

- Primary caregiver
- Other animals in the home
- People in the home with allergies
- Cage, housing, bedding
 - Carrier and proof of home cage
- Lifespan
- Review specific care for species
- Review pets incoming profile (if available)
- Any behavioral issues specific with this pet
- Any medical issues specific with this pet
- Meeting with all residents in the home. Still needs to visit: _____
- Any additional questions or concerns regarding this animal

Date and Initial When Verified

Landlord or home ownership verified: _____

All residents in home visited the pet: _____

Cage Verified (receipt or photo): _____

Application: Approved / Not Approved _____

Notes: