

Small Critter Adoption Application

Date:

Last Name(s):

First Name(s):

Please fill out both sides of this form as completely as possible.

Your answers will help us find the right pet for your family!

Information on this form is for A.D.O.P.T. use only.

Address:

City:

State:

Zip Code:

County:



For Office Use Only: DNA

420 Industrial Drive
Naperville, IL 60563
adoptpetselter.org
(630) 355-2299 (phone)
(630) 800-2194(fax)

Home Phone:

Cell Phone:

Email:

Age: *Under 21* *21-30* *31-40*
 41-50 *51-60* *61-70* *70+*

Your Household

Please list the people who live in your home (even part-time), their ages, and relationship to you.

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Employer/position (you) *Full Time* *Part Time*

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Employer/position (partner) *Full Time* *Part Time*

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How many hours will this pet be alone?

Your Pet History

Please list all pets (past and present) that you have owned in the last 5 years:

| Name | Breed/Type | Age | Spayed/ Neutered? | Do you still have this pet? If not, what happened to them? | Name of Veterinary clinic you use for this pet: |
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Your Home

How long have you lived at this address?

Property Type: *House* *Townhome* *Apt/Condo*

Do you plan to move in the near future? *Yes* *No*

If yes, when?

Is this a rental property? *Yes* *No*

Does your landlord allow pets? *Yes* *No*

Have you researched your landlord/

HOA's pet policies and limitations? *Yes* *No*

Limits: Weight, qty. of pets, etc.

Pet Preference Questionnaire

What are you most looking for in a new companion? We will use your answers to try to find your best fit!

Sex: *Male*

Female

No Preference

General Pet Care

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| <i>What are your concerns with a new pet? What behaviors would cause you to return your pet to A.D.O.P.T.?</i> | <i>Are you aware of the housing requirements for a small critter? How will you house your new critter?</i> |
| <i>Are you committed to providing a permanent home for this pet? If you become unable to care for this animal, what will you do?</i> | |

****Small Critters are a responsibility with specific diets and housing requirements. Please be aware of this and prepared for the costs and care that go into the care of these small creatures****

I certify the information provided is complete and correct to the best of my knowledge. I give my permission for any of this information to be verified. I understand that A.D.O.P.T. has the right to deny any adoption, for any reason.

Signature

| | |
|--|------|
| | Date |
|--|------|

A.D.O.P.T. will not consider any application with false or misleading information.

****OFFICE USE ONLY****

Counselor/Date:

Comments:

| Pet Name | Recommend | Maybe | Not Recommended |
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