

DATE RECEIVED: \_\_\_\_\_

**SMALL ANIMAL ADOPTION APPLICATION**

We carefully screen each applicant to ensure that our animals are matched with the right guardian and best possible home. An incomplete application will not be processed.

Please note that this application will be filed as property of the City of New Westminster once submitted. This application will be reviewed our staff members and it may take up to a week to be processed. We reserve the right to decline applications for any reason.

**ANIMAL'S NAME:** \_\_\_\_\_**APPLICANT INFORMATION**

1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Applicant age (s):  19-30  31-40  41-50  51-60  61-70  71+What do you do?  Student  Employed  Retired  Other: \_\_\_\_\_If employed, do you work:  At home  Shift work  Part time  Full time  Other**HOUSEHOLD INFORMATION:**

1) How long have you lived in your current home? \_\_\_\_\_

Type of home:

House  Townhouse  Apartment/Condo  Suite in House  Other 2) Do you own or rent your home? Own  Rent **\*If renting, you must provide landlord contact information and/or written approval or we cannot process the application.** Completed? Yes  No  Not Applicable **Landlord contact Information:** \_\_\_\_\_**\*\*If strata (rent or own), you must attach a copy of the bylaws regarding pets or we cannot process the application.** Completed? Yes  No  Not Applicable

3) Describe the activity of your household in the context of residents and lifestyle?

Very quiet     Not very busy     Moderately busy     Very busy

4) Do you have children between ages 0-18?  No  Yes, please state ages: \_\_\_\_\_

5) Do you have many visitors to the house (children, grandchildren, etc.)? Yes  No

6) Do you plan on moving in the next 6 months? Yes  No

7) Are you planning on any vacations in the next 2 months? Yes  No

8) How many people reside in your household? \_\_\_\_\_

9) Has everyone in your household met the animal? Yes  No

11) Do any household members have animal-related or hay allergies? Yes  No

If yes, how they will cope with their allergies? \_\_\_\_\_

12) Are all household members aware and in agreement with adopting this animal?

Yes  No  If no, please explain: \_\_\_\_\_

**GENERAL INQUIRY**

13) Who will be the primary caregiver for the pet?  Myself  Partner  Other: \_\_\_\_\_

14) How long have you been considering adopting a pet? \_\_\_\_\_

15) What do you feel are the biggest responsibilities in having a pet? \_\_\_\_\_

Characteristics you are looking for	Always	Sometimes	No, not important	Doesn't matter
Friendly with children				
Friendly with visitors to the house				
Enjoys to be cuddled/petted				
Independent				
Active/playful/high energy				
Social/outgoing				
Calm/quiet/low energy				

16) Have you researched this type of animal?  Yes  No

17) What qualities interest you in this type of animal?

\_\_\_\_\_

\_\_\_\_\_

**LIFESTYLE LOGISTICS**

17) As an estimate, how much money will you spend on this animal **annually**?

Vet Checkups: \_\_\_\_\_ Food/Supplies: \_\_\_\_\_ Miscellaneous(Boarding/Grooming): \_\_\_\_\_

18) What is your budget for unexpected veterinary costs?

- \$0-\$750     \$750-\$1,500     \$1,500-\$3,000     \$3,000+

19) Are you aware that pet insurance companies only cover cats and dogs?     Yes     No

20) What type of food/diet will you provide for this animal? \_\_\_\_\_

21) How many hours/day will the animal be **left alone**: On weekdays? \_\_\_\_ On weekends? \_\_\_\_

22) How many hours/day will you spend with the animal: On weekdays? \_\_\_\_ On weekends? \_\_\_\_

23) Where will the animal be when you are:

<b>At home?</b>	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> in a cage/pen inside the home	<input type="checkbox"/> Loose outside	<input type="checkbox"/> in a cage/pen outside	<input type="checkbox"/> Other:
<b>Away from home?</b>	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> in a cage/pen inside the home	<input type="checkbox"/> Loose outside	<input type="checkbox"/> in a cage/pen outside	<input type="checkbox"/> Other:
<b>At night?</b>	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> in a cage/pen inside the home	<input type="checkbox"/> Loose outside	<input type="checkbox"/> in a cage/pen outside	<input type="checkbox"/> Other:
<b>On vacation?</b>	<input type="checkbox"/> With family or friends	<input type="checkbox"/> At your home with caregiver	<input type="checkbox"/> Boarding Services	<input type="checkbox"/> Coming with you	<input type="checkbox"/> Other:

24) Please describe the housing environment you will have for this animal (type of housing, size, location, etc.) \_\_\_\_\_

25) The animal has chewed your furniture. How would you address this? \_\_\_\_\_

26) The animal has defecated/urinated outside of their appropriate area. How would you address this? \_\_\_\_\_

\_\_\_\_\_

28) What behaviors/obstacles are you willing to work with? If applicable, check more than one.  
 Fearful/Shyness    Mouthy/Biting    House Training    Dietary Issues

29) Under what circumstance would you not keep this pet? If applicable, check more than one.  
 Aggression towards other pets    Aggression towards people    Vet Bills (too expensive)  
 Moving    Unable to give enough time    Pregnancy in the family    Divorce in the family  
 Personal Medical Reasons    Other: \_\_\_\_\_

30) What would you do if you could no longer take care of the pet?  
 Return it to the shelter    Rehome with friends or family    Other \_\_\_\_\_

<b>ANIMAL EXPERIENCE</b>
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31) Do you currently have any pets? Yes       No

	Name	Type of pet (specify breed)	Age	Spayed/ Neutered	Regularly Vaccinated?
1					
2					
3					
4					

32) If pets not altered or vaccinated regularly, please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33) Do any of your current pets have notable medical conditions? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

34) What is your plan for introducing this animal to your current pets at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

35) As an adult, have you previously had any pets? Yes  No

If yes, please indicate the following:

	Name	Age	Type of Pet (specify breed)	Where are they now? What happened?
1				
2				
3				
4				

36) Have you ever rehomed or surrendered a pet before? Yes  No

If yes, please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

37) Please provide the name and phone number of your veterinarian *for previous and/or current* pets. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If you don't have a regular vet, please explain why: \_\_\_\_\_

\_\_\_\_\_

38) Provide the name and phone number of a personal reference – **not a family member**:

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

***Thank you for taking the time to complete this application.***

I consent that the information provided on this application is true and comprehensive, and that I am at least 19 years of age. I consent to the NWAS staff phoning the references provided above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Pending approval, when are you available to pick up the pet: \_\_\_\_\_

**FOR STAFF USE ONLY:**

*Staff: please record date and your initials*

Personal Reference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinary Reference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Notes/Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communication with Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Call back date:** \_\_\_\_\_

Application Approved:      Yes       No       Staff Initial: \_\_\_\_\_  
   Yes       No       Staff initial: \_\_\_\_\_