



Whatcom Humane Society Small Animal Adoption Application

Thank you for choosing to adopt! Please complete the following questions to help guide our conversation today.

PLEASE PRINT

Your First & Last Name: _____

Your Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

Primary Phone #: _____ Alternate Phone #: _____

E-mail: _____

(e-mail addresses are used for registering microchips of adopted pets and for internal lost & found purposes,
your e-mail address is not sold for commercial use)

Do you (please check): Rent Own Live w/parent - **in a** - House Apt Condo Other

Landlord/Property Management Name: _____ Phone #: _____

(If your landlord requires an ESA letter, we will not proceed with the adoption process until you have submitted all necessary documentation)

This pet is meant to be a gift. I would like more information on how this process could work for my situation.

Tell us about the HUMAN members of the new pet's household (i.e., # of adults/seniors/children):

Tell us about the current ANIMAL members of the new pet's household:

- There are one or more dog(s)
- There are one or more cat(s)
- There are one or more small animal(s)
- There are one or more livestock animal(s)

<u>Staff Use Only</u>

Whatcom County residents, if you own dogs, are they currently licensed? (required by law) **Yes** **No**

City of Ferndale residents, if you own cats, are they currently licensed? (required by law) **Yes** **No**

I am most interested in:

- Rabbits
- Guinea Pigs
- Hamsters / Gerbils
- Mice / Rats
- Snakes
- Lizards
- Turtles / Tortoises
- Birds / Parrots, please specify: _____
- Other: _____

What is your experience level with this type of pet?

- Novice – I am new to owning this type of pet and need information on basic care.
- Intermediate – I have owned this type of pet in the past or know someone who owned this type of pet and am familiar with basic care but welcome more information.
- Expert – I have lots of experience with this type of pet and am happy to discuss my knowledge!

I can provide the best home for a pet that (check all that apply):

- Is already socialized and easy to handle.
- Has had limited handling but needs more socialization.
- Has had no handling and will be a project to socialize.

How much time can you spend socializing a pet?

- Constant – I work from home or am home all the time
- 4 – 7 hours per day
- 1 – 3 hours per day
- I can provide basic daily care but will only be able to spend a few hours per week socializing the pet.

Some species do best when adopted in pairs/groups, are you willing to adopt more than one pet if applicable?

- Yes, that's fine with me.
- No, I would prefer to adopt a pet that can live independently.
- No, I already have this type of pet at home and am planning for this to be a companion.

Do you need a kid-friendly pet?

Our shelter has pets who would make great kid companions and pets who are uncomfortable or even afraid of children. Tell us more about what you are looking for so we can consider the pet's kid-capability.

- I am looking for a pet for my child(ren).
- There are children in the home, but the pet will be cared for and handled by adults.
- There are no children in my home.

Please describe in detail the cage/enclosure in which you will house the pet (include size and accessories):

Where will the pet be housed?

- In the house
- Outside / Other, please describe the location:

Have you considered the cost of veterinary care for this pet?

- No, I would like to know more about common medical issues in this species.
- Yes, I have researched or am familiar with common medical issues.

Are there any other topics you would like to discuss during your introduction? Please let us know: _____

For you to adopt this animal, we need you to:

- ❖ Be financially able to provide for the animal's needs. This includes food, supplies, grooming, and veterinary care.
- ❖ Be certain you have adequate time to spend with your new pet, including time for socializing and playtime.
- ❖ Have your landlord's permission to bring an animal onto their property.
- ❖ Bring in others living in the household to meet the pet you are interested in adopting.
- ❖ Be at least 18 years of age and have verifiable identification.
- ❖ Understand that this is an adoption, **not a sale**. The Whatcom Humane Society reserves the right to postpone or refuse an adoption.

Please read and sign below

- As part of the commitment to having each adoption be a success, I understand that the Whatcom Humane Society may contact me for adoption follow-ups if I adopt a pet.
- I hereby release to the Whatcom Humane Society all veterinary records of any/all animal(s) I have had or currently have. Name of veterinary hospital: _____
- I certify that all the information in this application is true and I understand that false information may void the application. I also understand that failure to comply with future requirements, such as not providing a follow-up veterinary exam could result in my inability to adopt other animals from the Whatcom Humane Society.

Signature: _____ **Date:** _____

****FOR STAFF USE ONLY****

Person # _____ Is there a file in PetPoint? Yes (If yes, add notes below) No

Person file notes: _____

Landlord Follow-Up:

Landlord Approval: Obtained Date/Initials _____ Denied Date/Initials _____

Landlord notes: _____

I have reviewed the following topics with the potential adopter:

- | 1 st | 2 nd | 3 rd | 4 th | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical card / known medical issues |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Housing needs / cleaning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diet |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Socialization |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Common medical issues |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Behavior evaluation / behavior issues |

- | 1 st | 2 nd | 3 rd | 4 th | |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vaccinations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identification / microchips |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Behavior help, calling WHS |

1st Counsel Comments:

_____ Counselor Name: _____ Date: _____

2nd Counsel Comments:

_____ Counselor Name: _____ Date: _____

3rd Counsel Comments:

_____ Counselor Name: _____ Date: _____

4th Counsel Comments

_____ Counselor Name: _____ Date: _____