

BERKSHIRE HUMANE SOCIETY – SMALL ANIMAL ADOPTION APPLICATION

- PLEASE NOTE: You must be at least 21 years old to adopt
- You must have a valid license or photo ID with a current address

NAME: _____

Name:		Names of All other Adults in Household		
Address:				
Mailing Address(if different):				
City:	State:	Zip:		
Email:		Home Phone:		
Occupation:		Work Phone:		
Employer:		Cell Phone:		
Do you : <i>(check one in each column):</i>	<input type="checkbox"/> Own	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Condo
	<input type="checkbox"/> Rent	<input type="checkbox"/> Mobile Home – in a park?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Live with Parents	<input type="checkbox"/> Other (explain)		

How long have you lived at your present address? _____

If less than one year, please give previous address (es) _____

Landlord's Name (if applicable): _____
**Phone (Home) _____ (Work) _____
THIS IS REQUIRED TO HOLD ANY ANIMAL

Are you planning to move or vacation in the next month? _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR HOUSEHOLD

Number of adults _____ **Number of children** _____ **Ages of children** _____

Are there children who visit regularly (grandchildren, stepchildren, partial custody, etc?) _____

Age(s) _____

Does any member of your household have allergies to animals? Yes _____ **No** _____

If yes, please explain: _____

What animals have you owned in the past five years? (Previous as well as current)

Name of animal	Species	Age	Sex	Spayed/Neutered	Still own?

Your Veterinarian (is used as a reference): _____ **Phone:** _____

Have you ever applied to adopt from BHS? Yes No Did you get a pet from us? Yes No Yr. _____

Have you ever given up an animal for any reason? Yes No

(If yes, explain) _____

SMALL ANIMAL ADOPTIONS ONLY What type of animal are you interested in adopting?

Rabbit <input type="checkbox"/>	Mouse <input type="checkbox"/>	Gerbil <input type="checkbox"/>	Ferret <input type="checkbox"/>	Bird <input type="checkbox"/>	(Type)
Guinea Pig <input type="checkbox"/>	Rat <input type="checkbox"/>	Hamster <input type="checkbox"/>	Iguana <input type="checkbox"/>	Other <input type="checkbox"/>	

Please tell us why you would like to adopt this animal _____

Approximately how much human contact will this animal have per day? _____

Where will this animal be housed? _____

Will it be allowed outside? Yes _____ No _____

If yes, under what circumstances _____

Do you have any questions or concerns? _____

Owning a pet is a lifetime commitment and responsibility. Unexpected situations may arise where sacrifices will have to be made to keep your pet.

Are you willing to make this commitment? _____

A BHS Representative may come to your residence prior to an adoption for a home visit.

Is there a day or time that is more convenient? _____

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND THAT I AM AT LEAST 21 YEARS OF AGE. I GIVE MY VETERINARIAN PERMISSION TO RELEASE ANY AND ALL HEALTH RECORDS OF MY CURRENT AND PAST ANIMALS. I RECOGNIZE THAT MISREPRESENTATION OF FACTS MAY RESULT IN MY LOSING THE PRIVILEGE OF ADOPTING A PET. I UNDERSTAND THAT THE BERKSHIRE HUMANE SOCIETY HAS THE RIGHT TO DENY MY REQUEST TO ADOPT AN ANIMAL, AND I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION.

Signature: _____ **Date:** _____

For office use only:	
Landlord contact	Date: _____ Comment: _____
Vet contact	Date: _____ Comment: _____
Adoption counselor	_____
Comments:	_____ _____ _____