



# Brant County Branch of the OSPCA

## Small Animal Adoption Application

This application is completed to assist the staff in finding the most suitable home for our animals. Our adoptions are not done on a first come first serve basis. Every effort will be made to review and respond to a fully completed application within three business days. Our decision will be based on the best match for the pet and the family. Please note, if you have any questions or need assistance with this application please feel free to ask the staff for help at any time.

**Please note that we do not adopt animals to individuals under the age of 18.**

**Applicant's Initials:** \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Animal Type: \_\_\_\_\_

Denied: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Log # \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. Who are you adopting this animal for? \_\_\_\_\_
2. What is the life expectancy of this type of animal? \_\_\_\_\_
3. Are you knowledgeable about the care this animal requires? \_\_\_\_\_
4. Have you ever kept this type of animal before? \_\_\_\_\_
5. If yes to # 4, what happen to the pet? \_\_\_\_\_
6. Do you have the proper cage to house this pet? \_\_\_\_\_
7. What type of cage are you using? \_\_\_\_\_
8. What room of the house will the pet be kept in? \_\_\_\_\_
9. What type of bedding are you going to use for the cage? \_\_\_\_\_
10. Is the pet you're interested in adopting nocturnal? \_\_\_\_\_
11. How frequent will you change bedding? \_\_\_\_\_
12. Who will be responsible for cleaning & feeding? \_\_\_\_\_
13. Is this animal to be a child's responsibility? \_\_\_\_\_
14. If this animal becomes ill would you seek Veterinarian care for it? \_\_\_\_\_

15. How many children under 18 years of age are in the household? \_\_\_\_\_

Please list ages of children \_\_\_\_\_

16. Have your children been socialized around small pets previously? \_\_\_\_\_

17. Where will your pet stay, when you are on vacation? \_\_\_\_\_

18. Do you own your own home? \_\_\_\_\_ Do you rent? \_\_\_\_\_ Live with parents \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you currently own pets? Please list all pets owned in the last 5 years.

Pet Type	Name	Sex	Age	Fixed	Still own, if not why?

Who is your Current Veterinarian? \_\_\_\_\_

Who was your previous Vet if changed in last 5 years? \_\_\_\_\_

**I GIVE PERMISSION TO THE BRANT COUNTY SPCA TO CONTACT MY VETERIANARIAN TO FOLLOW UP ON MY PET CARE AND HISTORY.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT ANY FALSE INFORMATION MAY RESULT IN VOIDING THE APPLICATION.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE ENSURE THAT YOUR APPLICATION IS REVIEWED AND THAT ANY QUESTIONS YOU MAY HAVE ARE ANSWERED.**

**THANK YOU FOR VISITING THE BRANT COUNTY SPCA AND TAKING THE TIME TO COMPLETE AND ADOPTION FORM.**

**WE DO OUR BEST TO PLACE THE ANIMALS THAT ARE UP FOR ADOPTION IN THE MOST COMPATIBLE HOMES AND THEREFORE WE RESERVE THE RIGHT TO APPROVE OR DENY ANY APPLICATIONS.**