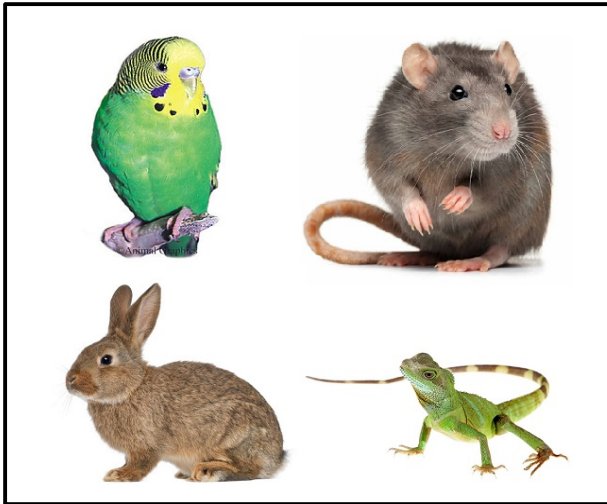


Welcome to the
Whatcom Humane Society



**Seeking a
permanent,
loving,
responsible
home
for all
companion
animals.**

So that we may be assured that the animal you wish to adopt is best suited for you, your home, and your lifestyle and is placed in an environment that is compatible with his/her needs, we ask that you complete this application.

**FOR YOU TO ADOPT AN ANIMAL,
WE NEED YOU TO...**

- * Be sure that you are financially able to provide for the animal's needs. This includes food, supplies, license/identification, and veterinary care.
- * Be certain you have adequate time to spend with your new pet, including time for training, exercise, and grooming.
- * Have your landlord's permission to bring an animal onto his/her 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.
- * Complete this adoption application and discuss it with an adoption counselor.
- * Understand that this is an adoption, **not a sale**. The Whatcom Humane Society reserves the right to postpone or refuse an adoption.

Thank you!

Person/Animal Companion Profile

Welcome to the Whatcom Humane Society! This application is designed to help us help you make the best possible match: The right home for each animal and the right animal for your home.

Please reply to the following questions carefully and completely. **(Please print clearly using ink)**

Household Information

Name: _____ Email: _____
Street address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address (if different): _____
Primary Phone: (_____) _____ Alternate Phone: (_____) _____
Do you (Please check): Rent Own Live w/parent -in a- House Apt Condo Mobile
Landlord/Property Management Name: _____ Phone: (_____) _____
Length of time at address: _____ Others living in household (include ages of children): _____

Pet History

What animals do you **currently own**? (list below)

Species: _____
Breed: _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Is the pet spayed or neutered?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Is your pet kept:
Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Age of pet: _____
How long have you had this pet? _____

Species: _____
Breed: _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Is the pet spayed or neutered?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Is your pet kept:
Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Age of pet: _____
How long have you had this pet? _____

Species: _____
Breed: _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Is the pet spayed or neutered?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Is your pet kept:
Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Age of pet: _____
How long have you had this pet? _____

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

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

What vaccinations have your current animals had in the past year? _____

What animals have you **owned in the past**? (List up to three previously owned pets below)

Species: _____
Breed: _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Was the pet spayed / neutered?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Was your pet kept:
Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Age of pet: _____
How long did you have this pet? _____

Species: _____
Breed: _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Was the pet spayed / neutered?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Was your pet kept:
Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Age of pet: _____
How long did you have this pet? _____

Species: _____
Breed: _____
Male <input type="checkbox"/> Female <input type="checkbox"/>
Was the pet spayed / neutered?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Was your pet kept:
Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Age of pet: _____
How long did you have this pet? _____

Hopes and Expectations

Why are you interested in adopting a small animal? (i.e. companion, 4H) _____

What personality traits are you looking for in a small animal? (i.e. already socialized, shy I like to socialize)

If you **already have a cage/enclosure**, please describe including size and accessories: _____

If you **do not already have a cage/enclosure**, please describe what kind of enclosure you plan to use, including size and accessories: _____

Small animals love to chew (walls, furniture, cables, etc). How do you plan to animal-proof your home? _____

If you plan on adopting a rabbit, what steps would you take to litter-train/housebreak him/her? _____

How much time can you spend socializing a small animal? _____

Small animals have needs unique to their species, in what ways have you familiarized yourself with the needs of the small animal you are interested in adopting? _____

Where will the small animal be kept during the day?

Indoors free to roam Indoors caged/enclosed Outdoors free to roam Outdoors caged/enclosed

Where will the small animal be kept at night?

Indoors free to roam Indoors caged/enclosed Outdoors free to roam Outdoors caged/enclosed

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 # _____ Animal # _____
Microchip # _____ License/ID Tag # _____

Pending:

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

Landlord notes: _____

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

Person file notes: _____

I have reviewed the following small animal-related issues with the potential adopter:

- | | |
|---|--|
| <input type="checkbox"/> Cages / enclosures | <input type="checkbox"/> Spaying / neutering |
| <input type="checkbox"/> Safety around cats & dogs | <input type="checkbox"/> Diet & exercise |
| <input type="checkbox"/> Litterbox training (rabbits) | <input type="checkbox"/> Veterinary care / expense |
| <input type="checkbox"/> Handling & socialization | <input type="checkbox"/> Chewing |

Counsel comments:

_____ Counselor name: _____ Date: _____

_____ Counselor name: _____ Date: _____

_____ Counselor name: _____ Date: _____

