

MISSION VIEJO ANIMAL SERVICES EXOTIC/SMALL ANIMAL ADOPTION APPLICATION



Animal's name _____

Please answer every question in order for your application to be considered. Completing an application is not a guarantee of adoption.

Name: _____

Street address: _____ City, State, Zip: _____

Home phone number: _____ Cell number: _____

Email: _____ (Email will only be sent for notification of special events)

Are you the head of household? _____ (If no, the head of household **must** be present when turning in the application)

Please list ALL of the pets you have had in the past 5 years and those you currently own.

<u>Type/Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed/Neutered</u> (yes or no)	<u>Licensed</u> (yes or no)	<u>Where is this pet now?</u> (If pet died, please list at what age and reason)
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What is the reason for adopting this animal? (Check all that apply)

Personal or family companion Companion for other pet For children Gift

Have you ever owned this type of animal before? _____

Do you live in a: House Townhome/Condo Apartment Duplex Mobile home

Do you: Own Rent Landlord Name/Number: _____

Are you prepared to pay any required pet deposits or pet rent? _____

If you move (locally, out of state, or out of the country) what will you do with this animal? _____

How many adults are in your household? _____ Ages: _____

How many children? _____ Ages: _____

Has every member of your household agreed to adopt this animal? _____

If this has not been discussed at great length, please complete application when that has occurred.

Does any member of your household have allergies or asthma? _____ If yes, please describe: _____

What is the activity level in your household? Mellow (quiet) Moderate Active (loud, busy)

This animal will spend its time: (Check all that apply)

Inside Outside Patio Balcony Garage Other _____

What type of housing do you plan on keeping this animal in? _____

Where will this animal be kept when it is left alone? _____

Where will this animal be kept when you are home? _____

Who will care for this animal when you are on vacation or out-of-town? _____

Are you familiar with this animal's diet? _____

Are you prepared to make a commitment to this animal's lifespan? _____

Which reasons may prompt you to relinquish, return, or rehome your animal? *(Check all that apply)*

- | | | | |
|--|---|----------------------------------|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Allergy | <input type="checkbox"/> Moving | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Too messy | <input type="checkbox"/> Too active | <input type="checkbox"/> Digging | <input type="checkbox"/> Chewing/destructive behavior |
| <input type="checkbox"/> Too independent | <input type="checkbox"/> Non-compatible with other pets | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (explain) _____ | | | |

Have you ever had to give up a pet? _____ If yes, when and why? _____

If your animal gets sick, what will you do? _____

Many small animals are considered "exotic" animals by veterinarians. Are you willing to find an exotic animal veterinarian for this animal? _____

Do you have a current veterinarian? If yes, list name and phone number: _____

Have you adopted any animals from Mission Viejo Animal Services before? _____
If yes, do you still have this/those animal(s)? _____

Have you completed an application to adopt an animal from our shelter in the past 12 months? _____
If yes, which animal (name)? _____

Your application will be reviewed along with all others received by Animal Services personnel to ensure that the best home possible is selected for this animal. Animals are **NOT** adopted solely on a **first come—first served basis**. The completion of this application is not a guarantee of adoption.

**Incomplete applications forms are grounds for denial of adoption
We Reserve the Right to Refuse the Adoption of any Animal**

I hereby certify that the above answers are true, to the best of my knowledge, and I understand that if approved, I must sign and abide by an Adoption Agreement.

Applicant Signature

