

# RABBIT / SMALL ANIMAL ADOPTION FORM

## STAMFORD ANIMAL CARE & CONTROL

201 Magee Avenue, Stamford, CT 06902

Telephone: (203) 977-4437 ~ FAX: (203) 977-5112

www.cityofstamford.org/animalcontrol www.stamfordctshelter.petfinder.com

**We reserve the right to approve or deny any adoption.**

Date \_\_\_\_\_ Time \_\_\_\_\_ FIRST CHOICE - Name of Pet: \_\_\_\_\_

To adopt, you must:

Impound Number: \_\_\_\_\_

\_\_\_ be at least 21 years old

SECOND CHOICE – Name of Pet: \_\_\_\_\_

\_\_\_ have the knowledge and consent of all adults living in your home

Impound Number: \_\_\_\_\_

\_\_\_ have landlord's consent to bring a pet onto the property

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse's/Partner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you OWN or RENT your home? \_\_\_\_\_ How many years have you lived at your current address? \_\_\_\_\_

Do you live in a: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Townhouse \_\_\_\_\_ Other (specify) \_\_\_\_\_

**If you RENT, you must provide the name and telephone number of your landlord:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**If you OWN, you must provide proof of ownership by providing a copy of your Real Estate Tax Bill or your mortgage prior to paying adoption fees. Owners of condos or townhouses must also provide a copy of the condo association's by-laws indicating that pets are allowed, the number allowed and any limitations in size or weight, if any.**

Have you ever owned this type of pet? \_\_\_\_\_ If yes, do you still have it? \_\_\_\_\_ If no, what happened to the pet? \_\_\_\_\_

Why do you want to adopt this pet? \_\_\_\_\_

Will the adopted pet be: Indoor only \_\_\_\_\_ Outdoor only \_\_\_\_\_ Indoor/outdoor \_\_\_\_\_

Do you have a safe area that the pet outside of his/her cage may safely exercise in? \_\_\_\_\_

For how many hours per week will the pet have out-of-cage exercise? \_\_\_\_\_

Do you have any dogs? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ Have they lived with this type of pet before? \_\_\_\_\_

Do you have any cats? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ Have they lived with this type of pet before? \_\_\_\_\_

Rabbits can live 10 years or longer. – OR – \_\_\_\_\_ (other pet) can live \_\_\_\_\_ years or longer.

Can you commit to caring for this pet for that long? \_\_\_\_\_

The cost of caring for a rabbit properly can exceed \$500/year. – OR – Caring for (other pet) \_\_\_\_\_ properly can exceed \$\_\_\_\_\_/year. This includes annual vaccinations, regular veterinary checkups, pet supplies, possible training and/or boarding, good-quality food and unforeseen medical expenses.

Are you **FINANCIALLY ABLE** to spend this kind of money on this pet if required? \_\_\_\_\_

Are you **WILLING** to spend this kind of money on this pet if required? \_\_\_\_\_

What type of food will you feed this pet? \_\_\_\_\_

Is any household member allergic to animals? \_\_\_\_\_ If yes, how will you deal with reactions to this pet? \_\_\_\_\_

How many adults are in your home? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages: \_\_\_\_\_

How does your spouse/partner feel about having this pet in your home? \_\_\_\_\_

Will you work out bad habits (biting, house-soiling, etc.) the rabbit or small pet may have? \_\_\_\_\_

If yes, how are you planning on dealing with any bad habit? On your own \_\_\_\_\_ Hiring a trainer \_\_\_\_\_

Where did you hear about this facility and pet for adoption? \_\_\_\_\_

Have you ever given up a pet in the past to a shelter or other? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Have you ever been investigated for animal neglect or cruelty? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Are you familiar with local animal control laws? Yes \_\_\_\_\_ No \_\_\_\_\_

References: Personal

Please provide references of two people who have known you for 5 years or more, not in your immediate family:

Personal Reference #1: \_\_\_\_\_ Telephone: \_\_\_\_\_

Personal Reference #2: \_\_\_\_\_ Telephone: \_\_\_\_\_

References: Veterinary

Name of your CURRENT Veterinarian & Hospital: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name under which your pet's records are kept at your current vet (if different than applicant): \_\_\_\_\_

Name of your FORMER Veterinarian & Hospital: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name under which your pet's records are kept at your former vet (if different than applicant): \_\_\_\_\_

Give us information about all the animals alive and currently living in your household:

Name of Pet:	Dog/Cat/Other	Breed:	Sex	Altered?	Age:	Weight:	Vaccinated?	Dog-licensed?

Give us information about the last 3 animals that you no longer have (deceased or otherwise) -

Name of Pet:	Dog/Cat/Other	Breed:	Sex	What happened to pet? If deceased, give cause.	If deceased, age at death:	Date of death:

**PLEASE READ CAREFULLY BEFORE SIGNING:**

**FEE FOR ADOPTING RABBIT or OTHER SMALL PET:**

Upon adoption approval, the adoption contract is executed after the Shelter has received a **\$5 NON-REFUNDABLE FEE**, payable in **CASH or CHECK ONLY**. The \$5 fee covers the City of Stamford adoption fee. **We strongly recommend that all pets be spayed/neutered<sup>1</sup>, and micro-chipped<sup>2</sup>**. For owners who will take advantage of the low cost spay/neuter surgery for rabbits, additional optional medical services can also be performed (e.g., dental cleaning, de-worming, bathing, etc.) for an additional fee if requested. Please speak to the Shelter staff about fees for these services.

<sup>1</sup> Spay/neuter surgeries can be scheduled at the time of adoption at a low cost shelter pet fee.

<sup>2</sup> Micro-chipping includes micro-chip insertion by Rippowam Animal Hospital, pet's life-time registration in Home Again's database and other benefits – ALL for a low cost shelter pet fee of **\$25 with coupon**, available upon request.

<sup>3</sup> We have waiting lists of approved adopters waiting for specific types/sizes of cats. These applications are given priority.

<sup>4</sup> Applications received first are reviewed first, but this does not guarantee their approval.

**COPY OF DRIVER'S LICENSE (OR OTHER FORM OF ID) IS REQUIRED**

This application is designed to help us determine if the adoption is in the cat's best interest, and to assist you in finding a pet compatible with your lifestyle. An unwise adoption can result in an unpleasant experience for adoptive families and may ruin the pet for further adoptions. We hope you will agree that the pet's welfare must be our foremost concern.

**I understand the above questions and I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for denial of adoption. By signing this application, I am stating that all of the foregoing information is true.**

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

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**For shelter use only:**

Processing notes:

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied      By \_\_\_\_\_ Date \_\_\_\_\_

# PROCESSING NOTES

Date	Action	Content / result of conversation / message	Processor
	<input type="checkbox"/> Spoke with <input type="checkbox"/> Left mess. <input type="checkbox"/> Called / No answer		<input type="checkbox"/> Laurie <input type="checkbox"/> Tilford <input type="checkbox"/> Jean Other _____
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