



SOUTHAMPTON animal shelter FOUNDATION

Adoption Application

Small Animals & Exotics

Date

How did you hear about us?

Newspaper Which one? Word of Mouth Website Other

Name	Address	City/State/Zip
Home Phone	Work Phone	Cell phone
Are you 18 years of age or older?	Drivers License or ID/Expiration	Email Address

You and Your Household

Children and your home:

- I have children ages _____
- I do not have children
- Children visit my home; ages _____
- Children rarely visit my home

Living situation:

- Rent
Landlord : _____
Phone: _____
- Own
- Live w/ Parents
- Mobile Home
- Condo

Rabbit, Rodent, Bird, Reptile

- First Time Owner
 - Have Had One or Two
 - Have Had Many
- Explain: _____

Behavior and Preferences

Type of pet(s) I want:

Type of pet(s) I do not want:

Coat type preferred:

- Short
- Medium
- Long
- No preference
- Shedding (circle below)
Low Medium High

Sex:

- Male
- Female
- No preference

During the day my pet will be:

- Inside – confined
- Inside – roaming freely
- Outside – confined
- Outside – roaming freely

At night my pet will be:

- Inside – confined
- Inside – roaming freely
- Outside – confined
- Outside – roaming freely

Age:

- Baby
- Young adult
- Adult
- Senior
- Special needs _____
- No preference

Check ALL personality traits you prefer or could accept about your new companion:

- Very independent
- High energy
- Calm, relaxed
- Somewhat friendly
- Very friendly
- Affectionate
- Playful
- Gentle, well mannered
- Calm

Unacceptable behavior toward animals:

- Friendly or ignores
- Unfriendly toward another pet
- May attack another pet
- Gets along with your pets but not unknown pets
- Afraid of other animals – backs away

Unacceptable behavior toward people:

- Very active/very playful
- Unfriendly or fearful toward adults
- Unfriendly or fearful toward children
- Aggressive – may bite or scratch
- Independent – doesn't really need people much

Pets Living with you PAST and PRESENT
(Please list all in the past 10 years)

Pet's Name	Age	Sex	Breed/Type	Altered?	How Long Owned?	Kept In, Out, Both	Still Have? If No, Why?

FOR OFFICE USE ONLY

Animal ID # _____ Name: _____ Counselor: _____

Hold Pending: Other Adults Children Other: _____

Topics covered with counselor: _____

I have been made aware of and understand the information written and checked by the counselor and have chosen to adopt this pet.
 PRINT (adopter) _____ SIGN (adopter) _____ DATE _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Personality Traits | <input type="checkbox"/> Reason For Wanting | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Activity level | <input type="checkbox"/> Previous Pets | <input type="checkbox"/> Spaying/Neutering |
| <input type="checkbox"/> Introductions | <input type="checkbox"/> Indoor/Outdoor | <input type="checkbox"/> Biting/Scratching |
| <input type="checkbox"/> Children | <input type="checkbox"/> Destruction | |
| <input type="checkbox"/> Health Care/Cost | <input type="checkbox"/> Species/Breed | |

Counselor Notes (details regarding checkbox information/other issues and concerns covered):

