

**Guinea Pig Adoption Application**      **Guinea Pig Name** \_\_\_\_\_

# **Humane Society of Jefferson County, Inc.**



## **Application Procedure**

We request the following information in an attempt to assist you with the selection of your companion animal. The animal’s welfare is our foremost consideration. This process is designed to help us determine if the placement is in the animal’s best interest and to assist you in finding an animal best suited to your lifestyle. H.S.J.C. reserves the right to refuse an adoption to anyone for any reason. No animal will be adopted to prospective owners who mislead or fail to provide accurate information on this application. You must be 18 years or older to adopt.

### **Please read the following information carefully.**

1. Fill out the application completely. Identification is required to verify information.
2. We do not do same day adoptions.
3. Every effort will be made to review the application in a timely manner. HSJC staff will notify you when the process has been completed and inform you of our decision.
4. Once an application has been approved it will remain on file for 6 months.
5. All family members must meet the new companion animal before adoption to ensure compatibility.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**How long have you lived at this address?** \_\_\_\_\_

**Pre-approve (pet selection not yet made)**      **Yes** / **No**

**Type of residence**

Circle one:    House            Apartment            Duplex            Mobile Home            Farm

Live with friend/relative    Condo            Other \_\_\_\_\_

If you rent, lease or own a condo or trailer please provide the following information:

Landlord or Condo association: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Are you planning to move within the next 6 months? \_\_\_\_\_

**Veterinary Information(for owned and previously owned pets)**

Clinic name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you do not currently have a veterinarian, you will be asked to obtain one before the adoption is finalized.

**Please list the pets you currently own and pets you have owned in the past 5 years:**

<u>Species</u>	<u>Name</u>	<u>Age</u>	<u>Spayed or Neutered?</u>	<u>Still own?</u>

Are the pets you now own current on vaccinations?    Yes / No

Are vaccination records under name listed on application?    Yes / No

**If you no longer own the pet, what happened to it?**

\_\_\_\_\_

**Have you ever adopted from a shelter before? Yes / No When? \_\_\_\_\_**

**What kind of pet? \_\_\_\_\_**

**Have you ever surrendered an animal to a shelter or rehomed an animal? Yes / No**

**When? \_\_\_\_\_ Why? \_\_\_\_\_**

**What is your past experience with Guinea Pig? Please circle.**

**First time owner**

**Current Guinea Pig owner**

**Had a Guinea Pig in the past**

**How much \$ do you plan to spend per year to care for your Guinea Pig? \_\_\_\_\_**

**How many hours a day will your Guinea Pig be without human companionship? \_\_\_\_\_**

**Are you a frequent traveler? Yes / No**

**Who will care for your Guinea Pig while you are away? \_\_\_\_\_**

**Where will you keep the Guinea Pig during the day / night? \_\_\_\_\_**

**How will you provide time for exercise? \_\_\_\_\_**

**What size housing will you provide for your new Guinea Pig? \_\_\_\_\_**

**Are you willing and able to assume the financial responsibilities of pet ownership? Yes / No**

**Are you prepared to commit to caring for your new Guinea Pig for the next 2-4 years?**

**Yes / No**

**If you must move from your current place of residence what will you do with your Guinea Pig?**

\_\_\_\_\_

Will you allow your Guinea Pig adequate time to adjust to a new home? Yes / No

How long? \_\_\_\_\_

**Please tell us a little about your household**

What is the activity level of your household? Please circle.

Quiet      Active      Moderate activity

# of Children and ages \_\_\_\_\_ Adults \_\_\_\_\_

Who will be the primary caretaker? \_\_\_\_\_

**This Guinea Pig is being adopted as:**      Please circle all that apply.

Companion      Gift      For a Child      Companion for another guinea pig      Breeding

Does anyone residing in the house have any known pet allergies? Yes / No

Do you plan to allow your Guinea Pig outdoors unattended? Yes / No

Are you aware of routine vet care recommended for Guinea Pig? Yes / No

**Circle items you would like more information about.**

Guinea pig introductions      Spaying/neutering      Guinea pigs and children      Proper diet

**How did you learn about our organization? Please circle.**

Pets of the Week      Friend/Relative      Phone Book      Veterinarian

Radio      Special Event      Other \_\_\_\_\_

**Release:**

I certify that I am at least 18 years of age and have provided truthful and accurate information on this application. I give my consent for the Humane Society of Jefferson County to verify this information. **I also authorize my veterinarian to release any information requested by the Humane Society of Jefferson County.** I understand that animals will not be adopted to prospective owners who mislead or fail to provide accurate information. I understand that the HSJC has the right to deny my application. If this animal becomes ill, I certify that I am financially prepared to treat this animal at my own expense. The HSJC is not liable for any animal, or its actions, after the animal has been placed in its approved home.

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

**Received: Staff Initials** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Office Use Only**

*Veterinary check* \_\_\_\_\_ *Landlord approval* \_\_\_\_\_

*Home ownership verified* \_\_\_\_\_ *Pets licensed* \_\_\_\_\_

*Approved* \_\_\_\_\_ *Denied* \_\_\_\_\_ *Pending* \_\_\_\_\_

*Adopter notified* \_\_\_\_\_

**Notes:**

***Include all correspondence relating to adoption. Please date and initial.***

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