

**THE HUMANE SOCIETY OF FAIRFAX COUNTY, INC.  
SMALL MAMMAL ADOPTION APPLICATION**

**Date Application filed:** \_\_\_\_\_

**Volunteer initials:** \_\_\_\_\_

Welcome to the Humane Society of Fairfax County, Inc. We're glad you've come to visit. We would like to help you find the right pet and understand its needs, so please fill out this application in detail. A volunteer will discuss it with you when you're finished. While we carefully monitor all of our animals, we have limited knowledge of their backgrounds. Therefore, we cannot guarantee the health, behavior, temperament, age or breed of any animal adopted from the Humane Society of Fairfax County, Inc.

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

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

**Apt. #** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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

Are you under 18 years of age?      Yes      No

We perform home visits for every animal that is adopted. Please give explicit directions to your home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for or adopted an animal from HSFC?      Yes      No

If yes, when? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

List all the animals you owned or lived with in the past five years:

Type of animal: \_\_\_\_\_ Name of animal: \_\_\_\_\_

Age of animal: \_\_\_\_\_ Sex of animal: \_\_\_\_\_ Spayed or Neutered:  Yes      No

Time owned by you: \_\_\_\_\_ Where is the animal housed: \_\_\_\_\_

Do you still own the animal?      Yes      No

If not what happened to the animal: \_\_\_\_\_

Type of animal: \_\_\_\_\_ Name of animal: \_\_\_\_\_

Age of animal: \_\_\_\_\_ Sex of animal: \_\_\_\_\_ Spayed or Neutered:  Yes      No

Time owned by you: \_\_\_\_\_ Where is the animal housed: \_\_\_\_\_

Do you still own the animal?      Yes      No

If not what happened to the animal: \_\_\_\_\_

What veterinarian sees and vaccinates your pets (name of vet)? \_\_\_\_\_

Veterinary clinic/hospital name: \_\_\_\_\_

Veterinary clinic/hospital phone number: \_\_\_\_\_

Why do you want to adopt a small mammal? \_\_\_\_\_

Do you own or rent your home?     Own     Rent

Do you live in a:    House    Apartment    Condo    Townhouse    Duplex    With parents

Does the place where you live have any restrictions on pets, such as weight, type or number of pets?

If so, what are they? \_\_\_\_\_

Name of Apartment or Condo Complex: \_\_\_\_\_

Landlord or Manager's Name (if known): \_\_\_\_\_ Phone #: \_\_\_\_\_

How many adults live in your home? \_\_\_\_\_ Children? \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Is there anyone home during the day?    Yes    No    At night?    Yes    No

Do you think small mammals should go outside?    Yes     No

If yes, why? \_\_\_\_\_

If no, why? \_\_\_\_\_

Will this small mammal be going outdoors?    Yes    No   Why? \_\_\_\_\_

Who will be responsible for the small mammal's care:

Feeding \_\_\_\_\_ Exercise \_\_\_\_\_ Grooming \_\_\_\_\_ Training \_\_\_\_\_ Expenses \_\_\_\_\_

How were you referred to The Humane Society of Fairfax County? \_\_\_\_\_

This small mammal may require spay/neuter surgery or other medical expenses following adoption.

Are you prepared to take on these expenses?     Yes     No

Because it is very stressful for a small mammal to go from home to home, we hope to place each one in a caring home for the rest of its life. Are you prepared to make this commitment?

Yes     No

What will happen to the small mammal if you have to move? \_\_\_\_\_

In an effort to ensure the small mammal's lifelong well-being, we screen our adopters very carefully and sign a legal contract with them. If at some point, you can no longer care for the small mammal we require that you return it to us. This way, the small mammal may be re-adopted to other qualified applicants and once again be protected by a legal contract. How do you feel about this? \_\_\_\_\_

This small mammal may take several weeks or months to fully adjust to you, your home and your animals. How would you ease the adjustment? \_\_\_\_\_

Do you believe in spaying or neutering?  Yes  No

Why or why not? \_\_\_\_\_

Do your present pets have a current license and have they been vaccinated this year?  Yes  No

If approved, when would you be able to take this small mammal home? \_\_\_\_\_

Which of these subjects would you like to learn more about?

- Litter training       Feeding       Introducing new pets to pets at home  
 Grooming/Fleas       Household dangers

What type of small mammal are you looking for?

- Adult       Companion small mammal to other pet  
 Young       2 compatible small mammal  
 Short hair       Long Hair  
 Particular Breed       Children's pet

I understand HSFC is looking for the best possible home for this companion animal. I further understand HSFC can and will use its sole discretion to determine the best qualified candidate for this animal.

I understand you will be contacting my veterinarian for the vaccination and health history of the pets I currently own or have owned in the past. I release, through my signature on the application, my veterinarian to provide that information to you. I am aware that prior to placement of a pet from the HSFC, my currently owned pets, for their protection, must be up-to-date on needed vaccinations.

I certify that all the information in this application is true, and I understand that false information may void this application.

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

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

## To Be Filled in by Adoption Official Only

### Information on requested small mammal(s):

Names(s): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ S/N:  Yes  No

Description(s): \_\_\_\_\_  
\_\_\_\_\_

Medical History: \_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_

Medical work pending: \_\_\_\_\_  
\_\_\_\_\_

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### Health check on applicant's pet(s):

Current Medical Records: \_\_\_\_\_  
\_\_\_\_\_

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

Date Health Check completed: \_\_\_\_\_

Name of person completing health check: \_\_\_\_\_  
\_\_\_\_\_

Applicant's drivers license number: \_\_\_\_\_

Landlord/apartment approval (name of person and date spoken with): \_\_\_\_\_  
\_\_\_\_\_

### Home check information:

Date Home Check completed: \_\_\_\_\_

Approved  Disapproved Why: \_\_\_\_\_

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

Signature of home check volunteer: \_\_\_\_\_

Printed name of home check volunteer: \_\_\_\_\_