



# Cambridge & District Humane Society

## OTHER ADOPTION APPLICATION

Animal Information			
Name:		Adoption #:	
Breed:		Sex:	
Description:		Approximate Age:	
Microchip #:		Adoption Cost:	

Adoptee Information			
Applicant Name:		Applicant Age:	
Spouse Name:		Spouse Age:	
Address:		Province:	
City:		Postal Code:	
Phone #:			
Work Phone #			
Cell Phone #:			
Email Address:			
Driver's Licence #:			

General Information			
Best time to call?	<input type="checkbox"/>	AM	<input type="checkbox"/>
			PM
			<input type="checkbox"/>
			Anytime
Is the area in which you live is...	<input type="checkbox"/>	Town	<input type="checkbox"/>
		City	<input type="checkbox"/>
		Rural	
Do you presently live in a...	<input type="checkbox"/>	House	<input type="checkbox"/>
		Apartment	<input type="checkbox"/>
		Other	
If <i>OTHER</i> , please explain:			
Please indicate which best represents your living situation	<input type="checkbox"/>	Rent	<input type="checkbox"/>
		Own	
If you rent, do you have your landlord's permission to adopt an animal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	
Landlord's Name:			
Landlord's Phone #:			

\*We require written consent stating that you are permitted to have an animal on the premises. Please include this consent with your completed application\*

How long have you lived at this address?				
If less than 2 years, please list previous address:				
For whom are you adopting this animal?	<input type="checkbox"/> Children	<input type="checkbox"/> Self	<input type="checkbox"/> Other	
If <i>OTHER</i> , please explain:				
Why do you wish to adopt this animal?				
What made you choose CDHS?				
Do you have consent from all household members to adopt an animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Please list the names, ages and relationships of all people at your residence, not including yourself/spouse:				
Name:		Age:		Relation:
Name:		Age:		Relation:
Name:		Age:		Relation:
Name:		Age:		Relation:
Name:		Age:		Relation:
Have you ever surrendered/rehomed an animal to a shelter or rescue group?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If <i>YES</i> , please list name of shelter/rescue:				
If <i>YES</i> , when and why:				
What is your ownership experience?				
If this is your first pet of this species, what research have you done to prepare?				
At your residence, someone is...	<input type="checkbox"/> Home all day	<input type="checkbox"/> Out part time	<input type="checkbox"/> Other	
If <i>OTHER</i> , please explain:				
Where will your animal sleep at night?				
When you are home, your animal will be:	<input type="checkbox"/> Outside	<input type="checkbox"/> In cage	<input type="checkbox"/> Other	
If <i>OTHER</i> , please explain:				
When you are away from home, your pet will be:	<input type="checkbox"/> Outside	<input type="checkbox"/> In cage	<input type="checkbox"/> Other	
If <i>OTHER</i> , please explain:				
If you intend to leave your animal outside for long periods of time, what type of shelter will you provide?				
What is your household's activity level	<input type="checkbox"/> Quiet	<input type="checkbox"/> Somewhat Active	<input type="checkbox"/> Very Active	
How often do you have visitors/guests at your residence?	<input type="checkbox"/> Few Times	<input type="checkbox"/> Moderate	<input type="checkbox"/> Often	
How will you exercise your animal?				

During this animal's lifetime, which of the following reasons may prompt you to return the animal back to us? Check all that apply.

<input type="checkbox"/> Health issues (you)	<input type="checkbox"/> Health issues (animal)	<input type="checkbox"/> Income changes
<input type="checkbox"/> Allergies	<input type="checkbox"/> Death in family	<input type="checkbox"/> Financial issues
<input type="checkbox"/> Lifestyle changes	<input type="checkbox"/> School hours	<input type="checkbox"/> Work hours
<input type="checkbox"/> New spouse/partner	<input type="checkbox"/> Moving to new home/city...	<input type="checkbox"/> New job
<input type="checkbox"/> Pressure from family/friends	<input type="checkbox"/> Landlord revokes permission	<input type="checkbox"/> Requires more exercise
<input type="checkbox"/> Digging	<input type="checkbox"/> Jumping	<input type="checkbox"/> Chewing
<input type="checkbox"/> Shedding	<input type="checkbox"/> Making noise	<input type="checkbox"/> Escaping/runs away
<input type="checkbox"/> House soiling/markings	<input type="checkbox"/> Size of animal	<input type="checkbox"/> Biting
<input type="checkbox"/> Aggression: with owner	<input type="checkbox"/> Aggression: with guests	<input type="checkbox"/> Aggression: with children
<input type="checkbox"/> Aggression: with people	<input type="checkbox"/> Aggression: with pets	<input type="checkbox"/> Aggression: with animals
<input type="checkbox"/> Lack of connection w/pets	<input type="checkbox"/> Lack of connection w/you	<input type="checkbox"/> Other

If *OTHER*, please explain:

Are you committed to take care of your animal emotionally and financially for the rest of his/her life?

Yes       No

In the event that something does happen to you, what plan do you have in place for your animal?

### Veterinarian Reference and Current/Previous Pet Information

Name of current veterinarian clinic:	
Veterinarian name:	
Clinic Phone #:	
Can we contact your vet for reference check?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*\*We require you to contact your Veterinarian to grant permission to release file history to the CDHS Adoptions Department for reference purposes\**

Please list any animals **currently** in your care/living at your residence:

Name: _____	Species: _____	Age: _____
<input type="checkbox"/> M <input type="checkbox"/> Mn <input type="checkbox"/> F	<input type="checkbox"/> Fs <input type="checkbox"/> Rabies	<input type="checkbox"/> Vaccinated
Name: _____	Species: _____	Age: _____
<input type="checkbox"/> M <input type="checkbox"/> Mn <input type="checkbox"/> F	<input type="checkbox"/> Fs <input type="checkbox"/> Rabies	<input type="checkbox"/> Vaccinated
Name: _____	Species: _____	Age: _____
<input type="checkbox"/> M <input type="checkbox"/> Mn <input type="checkbox"/> F	<input type="checkbox"/> Fs <input type="checkbox"/> Rabies	<input type="checkbox"/> Vaccinated

Please list any animals you have owned in the past 10 years:

Name: _____ <input type="checkbox"/> M <input type="checkbox"/> Mn <input type="checkbox"/> F	Species: _____ <input type="checkbox"/> Fs <input type="checkbox"/> Rabies	Age: _____ <input type="checkbox"/> Vaccinated
Name: _____ <input type="checkbox"/> M <input type="checkbox"/> Mn <input type="checkbox"/> F	Species: _____ <input type="checkbox"/> Fs <input type="checkbox"/> Rabies	Age: _____ <input type="checkbox"/> Vaccinated
Name: _____ <input type="checkbox"/> M <input type="checkbox"/> Mn <input type="checkbox"/> F	Species: _____ <input type="checkbox"/> Fs <input type="checkbox"/> Rabies	Age: _____ <input type="checkbox"/> Vaccinated
Name: _____ <input type="checkbox"/> M <input type="checkbox"/> Mn <input type="checkbox"/> F	Species: _____ <input type="checkbox"/> Fs <input type="checkbox"/> Rabies	Age: _____ <input type="checkbox"/> Vaccinated
Name: _____ <input type="checkbox"/> M <input type="checkbox"/> Mn <input type="checkbox"/> F	Species: _____ <input type="checkbox"/> Fs <input type="checkbox"/> Rabies	Age: _____ <input type="checkbox"/> Vaccinated
What are your beliefs on veterinary care?		
What are your beliefs on pet insurance?		
Have you visited a vet for reasons other than vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, for what?		

**Personal Reference**

Reference # 1	
Name: _____	Phone #: _____
Relationship to applicant: _____	
Reference # 2	
Name: _____	Phone #: _____
Relationship to applicant: _____	
Reference # 3	
Name: _____	Phone #: _____
Relationship to applicant: _____	

**Conclusion**

How did you hear about the Cambridge & District Humane Society?	
List Humane Societies, Animal Welfare Organizations, Breed or Training clubs you are or have been associated with?	
Questions or Comments?	

## I Agree and Acknowledge:

If I am unable to keep the animal in my family at any point in his/her life, I promise to return him/her to the Cambridge & District Humane Society.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If I have a home that I feel is better for the animal to be re-homed in, I am willing to notify the Cambridge & District Humane Society to conduct a screening of the new potential home and/or to work with me to make the transition easy for the animal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the Cambridge & District Humane Society feels the above-mentioned home is not right for the animal, I am willing to then return the animal to the Shelter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am willing to be put on the email distribution list for information about programs, charity events, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am currently in the process of adopting through another Humane Society.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree to provide proper and adequate food, water, housing, exercise, grooming and humane treatment always.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree to provide all required vaccinations and all necessary medical care as directed by a Veterinarian.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree to obey local licensing and animal by-laws.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree not to sell, give away or use the animal for experimental purposes, allow it to engage in animal fighting, train it or have it trained to attack other persons or animals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that ages may be approximate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All animals can carry and transmit diseases, some of which affect people, including bacteria, viruses, parasites, and fungal diseases and that these diseases may be undetected in what appears to be a healthy animal at the time of adoption.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pets may exhibit normal but potentially undesirable behaviours including, but not limited to: house soiling, aggression, biting, scratching, squeaking, urine marking, and urine spraying. At no time have I been told by any staff at the Cambridge & District Humane Society (CDHS) that this pet will not display such behaviours.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will take my new pet to my veterinarian within the first 7 days after adoption for a full medical exam. If my pet is diagnosed with an illness by a qualified veterinarian within the first 7 days following its adoption and I am not prepared to take responsibility for cost of medical care, I may return the animal. I understand that a refund, minus a \$25 administrative fee, <b>may</b> be available if requested, at the discretion of the director. If I have authorized medical treatment, I am fully responsible for all costs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Should my adopted pet not get along with any pet in my home, I may return the animal to the Cambridge & District Humane Society and will not receive a refund. I understand that the Cambridge & District Humane Society cannot guarantee, predict, or control the behaviour of my adopted pet or that of my current pet(s) in my home. We recommend giving new pets at least 30 days for proper introductions to other animals in the household.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If this animal is returned due to allergies, there will be <b>no</b> refund.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Cambridge & District Humane Society is not responsible for any damage this animal may inflict on any person or property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any animal deemed good with children means that to the knowledge of the Cambridge & District Humane Society, this animal has not shown aggressive behaviour and is likely to be compatible with children. I agree this is not a guarantee of a child's safety with this animal and that an adult should always supervise interactions between animals and children.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I accept the animal as it is, at the time of adoption. I understand that the Cambridge & District Humane Society is not responsible for any medical or behavioural conditions not readily detected or detectable prior to or at the time of this adoption or discovered after such adoption. This includes veterinary expenses for animals currently residing in the home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All applications may be subject to a 48-hour waiting period. The Cambridge & District Humane Society reserves the right to refuse any adoption. In order to be eligible for adoption, all members of the household must meet the animal, and agree on adoption.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Understand that the Cambridge & District Humane Society has full authority to approve or deny your adoption application.***

***Understand that if for any reason I need to find the animal a new home/owner I must first contact the Cambridge & District Humane Society.***

***Understand that the Cambridge & District Humane Society reserves the right to verify all information submitted on this application, including Veterinary information.***

***I HAVE READ AND AGREE TO THE ABOVE TERMS***

Signed: \_\_\_\_\_

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