

A BRIGHTER DAY ANIMAL RESCUE LEAGUE

P.O. Box 14873 Columbus, Ohio 43214

<https://www.abdanimalrescueleague.org/>

abdanimalrescueleague@gmail.com



Adoption Application: Small Mammal

1. APPLYING FOR...

Name: _____ Male Female
Species: Rabbit Guinea Pig Chinchilla Ferret Gerbil Hamster Rat Other
Age Range Preferred: Young Adult Senior

2. APPLICANT INFORMATION

First Name: _____ Last Name: _____ Date of Birth (mm/dd/yy) _____
Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Mailing Title Preference: Mr. Mrs. Ms. No Mailing Preference

Are you a US citizen or permanent resident: Yes No

Driver's License # _____

Place of employment: _____ Employer's phone: _____

Occupation: _____ How long have you been employed there: _____

Student: Yes No School Name: _____ Graduation Date: _____

Have you ever had to get rid of a pet: No Yes

If yes, what was the reason? _____

Have you surrendered to us previously? No Yes

Reason: _____

3. CO-APPLICANT INFORMATION

First Name: _____ Last Name: _____ Date of Birth (mm/dd/yy) _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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Mailing Title Preference: Mr. Mrs. Ms. No Mailing Preference

Are you a US citizen or permanent resident: Yes No

Place of employment: _____ Employer's phone: _____

Occupation: _____ How long have you been employed there: _____

Student: Yes No School Name: _____ Graduation Date: _____

Have you ever had to get rid of a pet: No Yes

If yes, have you surrendered to us previously? No Yes

Reason: _____

4. REFERENCES

Please provide two references (only one can be a family member):

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

5. HOUSEHOLD DESCRIPTION

Residence: House Condo Mobile Home Apartment Townhouse

Do you: Rent Own Live with parents/ guardians

Landlord **name**/ Condo Association/ Guardian: _____

Landlord / Condo Association/ Guardian **phone**: _____

Landlord **email**/ Condo Association/ Guardian: _____

Pet policy: Yes No I don't know

What are your plans for cage/housing type? (brand name and/or approximate measurements)

What are your plans for cage bedding? Planned location of the cage in your home?

Do you currently have a small animal veterinary clinic that you have gone to in the past or one that you have researched? _____

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Please list everyone 18 or older living in your home (spouse, partner, roommate, children, etc):

Please list everyone under 18 in your home and their age:

Has anyone living in your home been convicted of a felony? If yes, please explain:

6. MOTIVATION FOR ADOPTING

Companion/ Family Pet Child's Pet Gift Companion for other Pet

Other: _____

How much money do you think you will spend on pet care each year: \$ _____

Who will be responsible for the exercise, grooming, health care and feeding of the animal? _____

How long do you expect to commit to the pet? _____

Under what circumstances would you not keep the animal? (check all that apply)

Allergy Moving New Baby Biting Current pet not adjusting Other _____

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7. HOUSEHOLD PET(S) HISTORY

Please provide the following information on ALL of the pets you currently have and have had over the past 5 years. If the number of animals exceeds the space available, please request an additional page.

| | | |
|---|---|--|
| Name: _____ | Breed/Species: _____ | Age: _____ |
| Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Primarily indoor | <input type="checkbox"/> Primarily outdoor |
| Where is the pet now? _____ | Vet Office*: _____ | |
| Vet Phone: _____ | City: _____ | Zip Code: _____ |
| Account Name the animal is under: _____ | | |

| | | |
|---|---|--|
| Name: _____ | Breed/Species: _____ | Age: _____ |
| Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Primarily indoor | <input type="checkbox"/> Primarily outdoor |
| Where is the pet now? _____ | Vet Office*: _____ | |
| Vet Phone: _____ | City: _____ | Zip Code: _____ |
| Account Name the animal is under: _____ | | |

| | | |
|---|---|--|
| Name: _____ | Breed/Species: _____ | Age: _____ |
| Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Primarily indoor | <input type="checkbox"/> Primarily outdoor |
| Where is the pet now? _____ | Vet Office*: _____ | |
| Vet Phone: _____ | City: _____ | Zip Code: _____ |
| Account Name the animal is under: _____ | | |

| | | |
|---|---|--|
| Name: _____ | Breed/Species: _____ | Age: _____ |
| Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Primarily indoor | <input type="checkbox"/> Primarily outdoor |
| Where is the pet now? _____ | Vet Office*: _____ | |
| Vet Phone: _____ | City: _____ | Zip Code: _____ |
| Account Name the animal is under: _____ | | |

| | | |
|---|---|--|
| Name: _____ | Breed/Species: _____ | Age: _____ |
| Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Primarily indoor | <input type="checkbox"/> Primarily outdoor |
| Where is the pet now? _____ | Vet Office*: _____ | |
| Vet Phone: _____ | City: _____ | Zip Code: _____ |
| Account Name the animal is under: _____ | | |

**ABD will contact the listed vet(s) so please inform them of our call and allow them to release pet(s) information to ABD*

What diet are you currently feeding your pets? Please include brand name, amount given and the frequency in which it's given _____

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I certify that all the information in the "Adoption Application: Small Mammal" form is correct.

I understand that ABD reserves the right to refuse the adoption of any animal to any person for any reason.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Adoption form received by: _____ Date: _____

Notes: _____

FOR ABD ADMINISTRATION ONLY:

Approved Date: _____

Denied Date: _____

Reason(s): _____

Pending Reason(s): _____

