

CITIZENS FOR ANIMAL PROTECTION SMALL MAMMAL ADOPTION APPLICATION

You must be 18 years or older to adopt from CAP and to complete this Adoption Application.
Please turn in to the Customer Service Associate when completed.

Adoption Process Time: (staff only) Date _____

*Staff
initial*

Start Time _____ Time Completed _____ Adoption Counselor _____

*Staff
initial*

Animal Information: (staff only)

Ck animal
Memos

1st Adoption: Incoming # _____ \$ _____ CAP ID Tag# _____

2nd Adoption: Incoming # _____ \$ _____ CAP ID Tag# _____

Discount Type _____ Exchange _____ Deferred Surgery _____ Foster _____

History /
Memos

Adopter Name _____ DL# _____

Physical Address _____ Apt _____

City _____ State _____ Zip _____ Is this where the animal will live? Yes No

Home # _____ Cell # _____ E-Mail Address _____

Employer _____ Work # _____

Mailing Address if different then Physical Address _____

I live in: Apartment House Condo/Townhome Other _____

I own my home

or I rent my home - (Landlord or Apt Name _____ Phone _____)

or Someone else owns my home (ex. parents, roommate, relative, etc) _____

Please list all adults living in the residence:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

How many children live at this residence? _____ Ages: _____/_____/_____/_____

Deposit
Rent
pets
Weight
Breed

CURRENT PET HISTORY: Please list pets you currently have

Type of Pet	Age	Spayed/Neutered?	Kept inside? Outside? Both?

PREVIOUS PET HISTORY: Please list pets you have had in the past 5 years but no longer have

Type of Pet	Age	Spayed/Neutered?	Reason no longer have

Have you adopted from CAP previously? _____ If yes, do you still have the pet? _____

What is the name of your veterinarian or clinic? _____

Are all your own animals current on vaccinations? _____

Your CAP adoption includes a microchip! The phone numbers listed on this application will be used to contact you if the pet is found.
Please provide one additional contact, other than those listed above, to be included on the microchip in case you cannot be reached
(a close friend or relative that would be able to contact you):

Name of Alternate Contact _____

Home Phone _____

Work Phone _____

