



# SMAM Adoption Application

Providence Animal Care & Control Center

Staff use only Animal Log #: \_\_\_\_\_ Cage #: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**APPLICATION DOES NOT GUARANTEE ADOPTION** Today's Date: \_\_\_\_\_

Name of Primary Caretaker/Legal Owner: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address Where Pet Will Reside: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**1. Please list everyone who will live with, care for, or frequently visit this small animal(s):**

Name	Gender	Age	Will live with the animal?	Will visit the animal?	Will care for the animal?	Has met the animal?

**2. Please describe your living situation (please circle):**

Single-family home    Multi-family home    Apartment    Condo    Duplex    Dorm

Homeowner    Renter    Live with parents

**3. How long have you lived at the address above?** \_\_\_\_\_

**4. Homeowner/Landlord Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

5. Who are you adopting the small animal(s) for?

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6. Is anyone in your home allergic to small animal(s)? Guinea Pigs? Rabbits? Hay? Bedding?

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7. Have you owned a small animal before? If yes, please tell us about that.

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8. What will you do if you move, or if you can no longer care for this/these animal(s)?

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9. Please describe where the small animal(s) will be housed and what they will be eating.

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10. Small Animals still require veterinary care. Will you be willing to find a qualified veterinarian and provide your small animal with regular veterinary care?

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11. Please describe all animals that this small animal(s) will live with or frequently visit:

Species	Breed	Age	Gender	Spayed / neutered?	Live together?	Frequently visit?

12. Please describe any past pets you have owned:

Breed	Age	Gender	Spayed / neutered?	Years owned?	Where is pet now?

**13. List any past veterinarians or veterinary clinics you took your pet to:**

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**14. Please share any additional information you would like us to know about you!**

The information I have provided is accurate and true to the best of my knowledge, and I authorize Providence Animal Control to verify any information provided. It is my understanding that false information will result in adoption refusal. I understand Providence Animal Control may refuse any adoption.

\_\_\_\_\_  
Applicant Name (printed)

\_\_\_\_\_  
Applicant Signature

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**STAFF USE ONLY**

Approved By: \_\_\_\_\_

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

Denied By: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Notes: