

## Petite Pals Adopter Profile

(Guinea Pigs, Hamsters, Gerbils, Mice)

\* Required fields

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\*First name:

\*Last name:

\*Gender:

\*Age range:

\*E-mail:

\*Address line 1:

Address line 2:

\*City:

\*State:

\*Zip:

\*Home phone:

Daytime phone:

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Home ownership:

Residence type:

Landlord name:

Landlord phone:

Does your home have an ultrasonic rodent repellent?

Have you ever adopted from the Lakeland Animal Shelter?

Does anyone in the household have allergies to animals?

If yes, can the allergies be controlled by medication?

Do all adults in your household know that you plan to adopt?

# of adults in home:

# and ages of children in home:

Are you adopting this animal as a:

- House Pet     Classroom Pet     Companion for Other Pet  
 Gift     Outside Pet     Breeder

Who will be the rabbit's primary caretaker? (i.e.: feed, train, monitor health, clean cage and/or litterbox, exercise, groom etc.)

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What type(s) of pet(s) have you owned during the past five years?

Type/Breed    Kept Where?    Age    Name    Still Own    Spayed/ Neutered?

If you no longer have the above pet(s), please explain what happened to them?

If you have a veterinarian, please provide his/her name and the clinic name.

If there is a dog or cat in your household, has one of them ever injured or hunted another animal?

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What type of cage will you have for your new pet?

What size?

Where will the cage be kept?

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Additional comments you want to share with us. \*\* Please note, if you have specific questions you'd like answered before your visit to LAS, please call us at 262-723-1000

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I certify that I am at least 18 years of age and the information I have given is true. I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal and I understand that the Lakeland Animal Shelter has the right to deny my application.

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I am fully aware that I am adopting a living creature and as such that the Lakeland Animal Shelter is unable to guarantee the health of the animal.

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If this animal becomes ill, I certify that I am financially and/or emotionally prepared to treat this animal at my own expense.

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Date \_\_\_\_/\_\_\_\_/\_\_\_\_