



CITY OF DELTA

Delta Community Animal Shelter

7505 Hopcott Road, Delta, BC V6G 1B7

Tel. No. 604-940-7111 Fax. No. 604-940-7799 Email: dcas@delta.ca

deltacommunityanimalshelter.ca

Mouse Adoption Questionnaire

Many factors go into finding a suitable pet for your home. This application gives DCAS staff an opportunity to ensure you are matched appropriately with a companion pet that will make you happy for a life time. It's important for you to feel like you have found the "right pet" but also important to ensure the animals have found a "forever home".

CONTACT INFORMATION

Full Name _____ Date _____

Address _____

City _____ Postal Code _____

Phone # _____ Alternate # _____

Email _____

I would like to be made aware by email of upcoming fundraisers or shelter events: Yes No

ABOUT ME

I am interested in adopting *name of mouse/mice* _____

Why are you interested in this Mouse? _____

How long have you been thinking about adopting a pet mouse? _____

Have you had a pet mouse before? _____

If not, have you researched this kind of pet? What did you learn about them?

ABOUT MY HOME

Number adults in the home? _____ Number of children? _____ Their ages? _____

Has everyone in the home met the mouse/mice you are applying to adopt? Yes No

What type of home do you live in? House Condo Townhome

Farm Trailer Other

Do you own, rent or belong to a strata? _____

If you rent or belong to a strata, are you allowed to keep a mouse as a pet? Yes No

If you belong to a strata or have a landlord, please provide their name and phone number:

Name _____ Phone Number _____

How many other pets do you have in the home? 1 2 3 4 5 6 or more

What type of pets do you have? Dogs Cats Rabbits Birds Guinea Pigs Rodents Reptiles

Please provide contact information for your regular veterinarian:

Clinic Name _____ Phone Number _____

Does anyone in your home suffer from allergies to pets or other things? (Ex: hay) Yes No

If you answered yes, how will you manage the allergies? _____

ABOUT MY NEW MOUSE

How many hours per day will you be able to spend with this animal? _____

What kind of cage/enclosure will your mouse/mice have? _____

How big is the cage/enclosure? _____

What kind of enrichment will you provide your mouse/mice? _____

What food/diet does this animal require? _____

What do you think annual vet care will cost for your mouse/mice? _____

Do you plan on breeding your mouse/mice? _____

What circumstances would cause you to return or re-home this pet? *Please check all that apply*

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Moving | <input type="checkbox"/> High cost of animal or vet care | <input type="checkbox"/> Change in relationship | <input type="checkbox"/> Doesn't get along with other pets |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Aggression | <input type="checkbox"/> Allergies | <input type="checkbox"/> New baby |

ACKNOWLEDGEMENT

Would you be willing to let a representative of DCAS visit your home by appointment? Yes No

Have you ever been charged with neglect or cruelty to animals? Yes No

Have you ever surrendered a pet to a shelter or rescue organisation? No Yes *why* _____

APPLICANT SIGNATURE: _____

Received by _____ Date _____ Time _____

Processed by _____ Date _____

Status: Approved Not Approved Reason _____

Tentative P/U Date _____ Comments _____