



Shy Wolf Sanctuary, Education and Experience Center, Inc.  
P.O. Box 3032, Naples, FL 34106 941-455-1698  
E-Mail: shywolfsanctuary@aol.com

## Small Animal Adoption Application Packet

**Instructions:** Please respond to all questions as thoroughly as possible. You are to be applauded for your interest in providing a loving home to a rescue animal. These questions are designed to help us properly assess each potential home and to assist in attaining an appropriate match. The lifetime commitment to these animals makes it imperative for us to closely evaluate both the small animal and the adopter. One person's blessing might be another person's curse. Please be as truthful and forthright as possible. If you have any questions or need clarification, please contact us at any time. We are here to make this process as easy as possible.

### PERSONAL INFORMATION: (Please Print Legibly or Type)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

1. What type of small animal are you looking to adopt today?

\_\_\_\_\_

2. Have you ever owned this type of animal before?  Yes  No

3. What type of enclosure do you have prepared for this animal?

\_\_\_\_\_

4. How much time do you intend on spending with this animal?

\_\_\_\_\_

5. What type of diet does this animal require?

\_\_\_\_\_

6. Will you be able to provide the proper diet for this animal?

\_\_\_\_\_

7. Is this adoption a gift for someone else?  Yes  No

If Yes, is the animal for your child?  Yes  No

If No, than who?

\_\_\_\_\_

8. If this adoption is a gift does the receiving party know and understand how to take care of this animal, including time, care, diet and enclosure?

\_\_\_\_\_

9. How many animals share your home? \_\_\_\_\_ Please complete the table:

Animal Type	Animal Name	Age in Years	Gender M/F	Spay/Neuter Y/N

10. Are all animals in your care in good health and current on medical treatment?

Yes  No  I practice holistic medicine/prevention

11. May we contact your vet?  Yes  No (If NO, explain: \_\_\_\_\_)

\_\_\_\_\_ )

Vet's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**PERSONAL REFERENCES:** Please provide three personal references, not related to you and not your vet, in the following table.

Reference	Address	Phone	Years Known	Relationship