



Contact: Ashley Costello
270-779-2360

Which small animal are you interested in? _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Mobile: _____ Work: _____

E-Mail Address: _____

How did you hear about NBARR? _____

Have you adopted from NBARR before? _____ When? _____ Who? _____

Household Information

Do you live in a house, apartment, condo or other structure? _____

Do you own, rent or lease your home? _____ Do you have your landlord's permission to keep a small animal? _____

*If renting, do you have a letter of permission from your landlord to verify you are allowed to keep a small animal? _____

How long have you lived at your current address? _____

If a home visit will be required. Please list at least 2 available days for this visit. _____

Please list the name and relationship to you of each member of your household – please include ages if under 21. (i.e. James, spouse, over 21. Kendra, roommate, 19.)

Does anyone in your household have allergies? _____ If yes, please describe: _____

Does everyone in the household agree to this small animal becoming a part of the family? _____

Small Animal Care

Why do you want to adopt a small animal companion?

Who is this small animal for and who will be the primary caretaker? _____
Are you a first-time small animal owner? _____ If not, please describe your previous small animal(s) and if they are still living with you.

Do you currently have any animal companions? _____ If yes, please complete the information below:

Name	Species	Breed	Age	Sex	Altered	Indoor, Outdoor or Both?

Will this animal live with another of its same species? _____ Is s/he altered? _____

How do you plan on housing the small animal?*

***All housing must be preapproved and a picture provided to NBARR before adoption.**

Where will this animal live during the day? _____ At night? _____

How many hours each day will you be interacting with this animal? _____

What will happen to this animal if you go on vacation/out of town? _____

Are you prepared to take this animal with you if you move? _____

Please mark the circumstance(s) you would feel the need to bring back this animal to NBARR:

Chewed cords and/or furniture

Child/household members bored with animal

Sheds too much

Too messy

Have to move

Too hard to care for

Not enough time

Allergies

Having a baby

Required vet care too expensive

Got another companion animal

Would not give up under any circumstance

Small Animals require specialized veterinary care. Do you have the name of a qualified veterinarian? (If not, we can help you find a companion animal savvy vet in your area).

Is there anything else you would like to tell us?

I certify that the information above is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Please email your completed newbeginningsanimalrescuebg@gmail.com Thank you!