



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

Guinea Pig 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 guinea pig for your family, 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 guinea pig(s)* _____
Why are you interested in this guinea pig? _____
How long have you been thinking about adopting a pet guinea pig? _____
Have you had a pet guinea pig 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 guinea pig(s) 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 guinea pig 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 GUINEA PIG

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

What kind of cage/enclosure will your guinea pig(s) have? _____

How big is the cage/enclosure? _____

Where will they be housed: Inside Outside Inside with access outside Other _____

What kind of enrichment will you provide your guinea pig(s)? _____

What food/diet does this animal require? _____

What do you think annual vet care will cost for your guinea pig(s)? _____

Do you plan on breeding your pet guinea pig(s)? _____

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 _____