



# TINY TOES RAT RESCUE OF NEW MEXICO



## APPLICATION FOR ADOPTION

### PART ONE: CONTACT INFORMATION

Today's Date:		Name:			
Residence Address:					
City:		State:		Zip Code:	
Home Phone:		Cell Phone:			
Email Address:		Name of Veterinarian:			
Name of your Veterinary Clinic:				Clinic's Phone:	
Clinic Address:					
City:		State:		Zip Code:	

### PART TWO: DOCUMENT REQUEST

Because we conduct a background check on every applicant for adoption (as most rescues and shelters do) we require that a photocopy of your driver license be submitted with your Application for Adoption. Before adoption is finalized, we will ask to see your original driver license for verification. Our intention is not to violate your privacy, but to find a good home for the animals who depend on us to do so. We sincerely thank you for your understanding, patience, trust, and compliance with our process.

### PART THREE: GENERAL QUESTIONS

How did you hear about Tiny Toes Rat Rescue of New Mexico?					
Are you at least 18 years of age today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, a parent or legal guardian must complete this application in their name.		
Are you a college student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, do you plan to keep your rats after graduation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, can your income support a rat's needs for a healthy staple diet, <u>daily</u> fruits and vegetables, and veterinary care as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If employed, please <u>attach a paystub copy</u> after redacting your social security number. <u>Before adoption is finalized, we will ask to see your original paystub for verification.</u>					
If you are not employed, please indicate how you will provide for a pet rat's food, supplies, and veterinary care:					
Indicate if you own, rent, or lease your residence:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	If you lease, <u>attach a copy of your Lease</u> which indicates rats are an approved pet. Many times, rats adopted from us have been returned after the Landlord "finds out" so we must be assured that your rental/lease property approves them.	



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If you rent/lease provide the landlord's contact information:		Landlord's Name:			
		Landlord's Phone:			
Do you have plans to move to another residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, will you take your pets with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do children live at your residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many and what age(s)?		
Do you have dogs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what breed and how many?		
Do you have other pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what kind and how many?		
<b>PART FOUR: QUESTIONS ABOUT YOUR EXPERIENCE WITH PET RATS AND DESIRE TO ADOPT THEM</b>					
Since rats are high-risk for respiratory infections that OFTEN result in death they must NEVER be exposed to smoking products or smokers as smoking product allergens attach to the body, hair, and clothing and WILL adversely affect a rat's health. Will you protect your rats from these allergens and risks?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had pet rats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?		
How many did you have and what sex were they?					
How long did they live and what was their cause of death?					
Do you currently have pet rats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many, what age, and what sex?		
Do they have a red discharge coming from their nose and/or eyes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are they sneezing, wheezing, or making any other sounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:					
Describe other health issues they have:					
Have they ever been seen by an exotics veterinarian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, why not?		
If yes, what was the outcome?					
Why do you want to adopt rats now?					
Do you have experience introducing rats to other rats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe your method:		



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<b>Describe the cage you will house rats in including its measurements:</b>					
<b>Describe the bedding you will use in the cage:</b>					
<b>Describe the room where the cage will be kept:</b>					
<b>Describe what you will feed the rats:</b>					
<b>Do you hope to breed rats:</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Why?</b>		
<b>Will you spend at least 1 hour daily interacting with the rats?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Will you provide the rats with veterinary care as needed? Rats are tiny, but still need veterinary care.</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>If you adopt rats from us, how would you feel about periodic "welfare checks" of them?</b>					
<b>Is there anything else you would like to tell us? Please take as much space as you would like.</b>					



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### PART FIVE: REFERENCES

List the first and last names and phone numbers of 5 people you know who are familiar with you as an animal caregiver

Result of Reference Check  
(internal use)

Name:

Home:

Cell:

Name:

Home:

Cell:

Name:

Home:

Cell:

Name:

Home:

Cell:

Name:

Home:

Cell: