



## Cullen's Archangel RescuE, Inc. (CARE) 2010 Rat Adoption Application

P. O. Box 90060, Columbia, SC 29290

Exotics Director: Alicia DeBoe (803) 979-0640 or [caretoadopt8@gmail.com](mailto:caretoadopt8@gmail.com)  
[www.caretoadopt.org](http://www.caretoadopt.org)



Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

When is the best time to call you? \_\_\_\_\_

Occupation (optional) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ (optional) Email (optional) \_\_\_\_\_

Name of Rat(s) you are interested in: \_\_\_\_\_ Sex(s): \_\_\_\_\_

What is the reason for adopting this pet? \_\_\_\_\_

What type of home do you live in? \_\_\_\_\_ (house, trailer, apartment, duplex, etc.)

Do you: Own\_\_\_\_ or Rent\_\_\_\_ If renting, does your landlord allow pets and is pet deposit paid? Yes \_\_\_\_ No \_\_\_\_

**\*A letter from your landlord stating you have permission to have this pet live on the premises is required**

Approximately how many hours will your pet be alone each day? \_\_\_\_\_

Are you willing to have one of our representatives visit you in your home prior to adoption? Yes\_\_\_\_ or No\_\_\_\_

Are there children living in the home (or visit often)? Yes\_\_\_\_ or No\_\_\_\_ Ages \_\_\_\_\_

If yes, are these children good with animals and have experience around animals? Yes \_\_\_\_ No \_\_\_\_

Do you plan to supervise children at all times with the pet you adopt? Yes \_\_\_\_ No \_\_\_\_

Does anyone in the household or who visits regularly have pet allergies? Yes \_\_\_\_ No \_\_\_\_

Are you familiar with common Rat illnesses and how to handle them? Yes\_\_\_\_ or No\_\_\_\_

Have you owned a Rat before? Yes \_\_\_\_ or No \_\_\_\_

If so how many? \_\_\_\_\_

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If you don't have your Rat(s) now what happened to them?

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Have you read up or researched about having a Rat(s)? Yes\_\_\_ or No\_\_\_

Are you familiar with the Rats needs for water, food, socialization, and exercise? \_\_\_\_\_

Do you know what foods make up a Rat's diet, as well as amount and frequency? \_\_\_\_\_

Do you have a cage or plan to get one? Yes\_\_\_ or No\_\_\_ Size: \_\_\_\_\_

What room of the house will the cage be kept? \_\_\_\_\_

How much time do you have to play with the Rat(s)? (list hours for morning, afternoon, evening) \_\_\_\_\_

Are you willing to Rat proof your house? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prepared to keep the Rat(s) for the span of their life, up to 5 years? (Including Rat's that need medical attention or life style changes) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have other pets? Yes\_\_\_ or No\_\_\_ How many animals do you have? \_\_\_\_\_

If yes, please describe them below:

Name\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_ Neutered? Yes\_\_\_ or No\_\_\_

Species\_\_\_\_\_ Breed\_\_\_\_\_ Personality\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_ Neutered? Yes\_\_\_ or No\_\_\_

Species\_\_\_\_\_ Breed\_\_\_\_\_ Personality\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_ Neutered? Yes\_\_\_ or No\_\_\_

Species\_\_\_\_\_ Breed\_\_\_\_\_ Personality\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_ Neutered? Yes\_\_\_ or No\_\_\_

Species\_\_\_\_\_ Breed\_\_\_\_\_ Personality\_\_\_\_\_

Are your pets current on vaccines, heartworm and flea/tick prevention (if it applies)? Yes\_\_\_ or No\_\_\_

If you listed cats, are they indoor or outdoor? \_\_\_\_\_

If you listed any cats, are they indoor or outdoor? \_\_\_\_\_

Do you think your other pets will be accepting of this new pet? Yes\_\_\_ or No\_\_\_

How do you plan to adjust your current pets to this new pet? \_\_\_\_\_

What other animals have you had in the past? Please give the animal's name, breed, length of time you had them, and the reason you no longer have them:

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Is there someone home during the day? Yes \_\_\_ or No \_\_\_ At night? Yes \_\_\_ or No \_\_\_

Where will the ferret(s) stay during the day? \_\_\_\_\_ At night? \_\_\_\_\_

How do you intend to keep the Rat(s) safe while you are away from home? \_\_\_\_\_

What are you plans for the Rat(s) when you go out of town? \_\_\_\_\_

Are you prepared for the 1-3 month adjustment period that a newly adopted pet may need? Yes \_\_\_ or No \_\_\_

**Note:** The adjustment period may consist of nothing more than reminding the pet of their house manners (new surroundings & family can unsettle even the best trained pets). It may also be much more involved and require a consistent routine, Rat-proofing your house, extra attention, and love. Rest easy though, this period is usually brief and we are here to help you through it! After all, we do this every time a rescued animal comes in and leaves. Yes, you heard us right, every time! It's just a normal part of the process.

What are you looking for in terms of personality with this Rat(s)?

Required references we may contact: **(if possible, please list one relative and one non-relative)**

Name: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**Current Veterinarian\*** (be sure they work on rats, please give Dr. and clinic's name):

Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax Phone (\_\_\_\_\_) \_\_\_\_\_

\* If you do not currently have one, list the most recent. If you have never had one, please research and list the one you would most likely use.

**Emergency Veterinarian\*** (be sure they work on rats):

Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax Phone (\_\_\_\_\_) \_\_\_\_\_

\* If you do not know who handles emergencies in your city, please research and list them here. Be sure to know in case an emergency ever arises. Most vets will not see their client's emergencies. Usually, you must go to a separate Emergency Clinic. We would like to make sure you are prepared. Please keep this information on your refrigerator or close to the phone.

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How did you hear about this animal? \_\_\_\_\_

Use this space for any comments or concerns:

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**Adoption Agreement:**

"I understand that adopting an animal is a lifelong commitment and I am willing to take on this commitment if I adopt an animal from Cullen's Archangel RescuE, Inc. (CARE). I understand that CARE & the veterinarians they use have taken care of everything they see medically necessary for this animal at this time. I understand that anything in the future that may arise with this pet is my responsibility alone. I will not hold CARE or its veterinarians of choice responsible for any future medical issues. I understand that I may (and am encouraged to) contact CARE should any medical issues arise for guidance and any assistance they can provide me. I understand that this does not obligate CARE to assist with the medical bills in any way. \_\_\_\_\_ **Initials**

I certify that all the information I've provided in this adoption application is accurate and true. I understand that if ever a reason arises that I can no longer keep this animal, I MUST return this animal to CARE only. I will allow CARE a reasonable time of 1 week to do so. I also understand that I am not allowed to adopt this animal from CARE and give it to anyone else as a gift or for any other reason. I am aware I will need to pay a non-refundable (after 30 days) adoption fee of \$15 to \$100 for this Rat(s) after CARE's Adoption Committee has approved me. Fee is \$ \_\_\_\_\_. \_\_\_\_\_ **Initials**

I promise to continue to keep up with annual exams, fecal tests and provide any other veterinary care when necessary. I agree to feed this Rat(s) 100% nutritionally complete food, provide a constant supply of fresh clean water, and appropriate shelter at all times throughout his/her life. I agree to keep this Rat(s) safely confined in my house, in an adequate cage when necessary, transported in a carrier or small animal cage when needed, and I will not let my Rat(s) loose outdoors at any time. \_\_\_\_\_ **Initials**

**CARE makes no guarantee against accidents nor do we guarantee compatibility with your current pets.**

Note: Rats receive all necessary veterinary care prior to adoption. This usually includes a veterinary examination, fecal test, and/or other services required to treat an already existing illness/injury. Your contribution helps defray a portion of these costs.

Last, I certify that I am at least 18 years of age, a legal US citizen, and the person interested in adopting this pet. I agree to include a photocopy of my current driver's license for verification purposes. I understand that this will be kept confidential and not given out to any other parties. If you falsify any information or neglect to inform us of any information that is pertinent in processing your application, your application will not be approved. If falsification is discovered after adoption, our pet will be removed from your possession immediately. \_\_\_\_\_ **Initials**

This agreement is binding upon all parties hereto, their heirs, successors and assigns, and shall be governed in accordance with the laws of the State of South Carolina. Any legal actions or disputes will be resolved in the County of Richland, State of South Carolina. This is the full and final agreement. There are no other agreements, oral or otherwise. Any subsequent agreements will be entered into in writing. \_\_\_\_\_ **Initials**

If you agree to the terms of CARE's adoption policy, please indicate so by placing an "X" next to "accept". If you do not agree, please place an "X" next to "decline". Agreement with CARE's adoption policy is required to adopt from this organization.

**Accept**\_\_\_\_\_ **or** **Decline**\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Interview Date**

\_\_\_\_\_  
**Signature of CARE Board Member**

\_\_\_\_\_  
**Application Date**

\_\_\_\_\_  
**Approval Date**

**CARE Rep's Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_