

# Calvin & Susie Hawaii Animal Foundation Adoption Application

Thank you for your interest in adopting a companion animal through CSHAF!  
Please fill out this form to the best of your knowledge. We will be in contact if it  
appears you are a good match for CSHAF and the animal you wish to adopt.  
Mahalo!

## ADOPTER INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

## ANIMAL INFORMATION

Name of animal you wish to adopt \_\_\_\_\_

Animal's CSHAF ID number \_\_\_\_\_

Breed/Species \_\_\_\_\_

Are you over the age of 21? \_\_\_\_\_ (yes or no)

How many adults in your household (including you)? \_\_\_\_\_

How many children? \_\_\_\_\_ Ages of children? \_\_\_\_\_

**Do you currently have pets? If so, how many animals? \_\_\_\_\_**

**Please detail age, species, and breed of all animals in your home**

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**Are all the animals in your care neutered or spayed? \_\_\_\_\_ (yes or no)**

**If no, do you have plans to neuter/spay the animal/s in your care?**

\_\_\_\_\_ (yes or no)

**If no, please explain**

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**Are your animals all up-to-date on their vaccinations? \_\_\_\_\_ (yes or no)**

**If no, please explain**

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**Do any of your animals have any communicable or chronic diseases/  
ailments that could impact the health of the adopted animal?**

\_\_\_\_\_ (yes or no)

**If yes, please explain:**

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**Have you adopted an animal before? Prior adoption experience is not required.**

\_\_\_\_\_ (yes or no)

**If yes, which adoption organization did you adopt your animal through, if any?**

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**Is the previously adopted animal still in your care/did it live out its life with you?**

\_\_\_\_\_ (yes or no)

**If no, please explain:**

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**If you currently do not have pets, have you ever been the primary caregiver/guardian of an animal? \_\_\_\_\_ (yes or no)**

**If yes, please detail species/breed of up to 2 previous pets:**

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**What best describes your current residence:**

Apartment, number of bedrooms\_\_\_\_\_

Studio apartment, approximate square feet\_\_\_\_\_

House, approximate square feet\_\_\_\_\_

Other, can you please explain?

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**You can provide proof that your residence allows animals and that you would be within the number of animals allowed in your unit/on your property?\_\_\_\_\_ (yes or no)**

**If no, please explain**

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**If the animal you wish to adopt has special needs or disabilities do you feel confident that you could provide appropriate care?**

\_\_\_\_\_ (yes or no)

**If the animal develops a chronic condition or requires ongoing veterinary care in the future, do you believe you could provide proper care?**

\_\_\_\_\_ (yes or no)

**Please detail any experience you have caring for special needs animals or animals with ongoing medical conditions.**

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**Do you have any veterinary or first-aid training? \_\_\_\_\_ (yes or no)**

**If yes, please detail:**

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**Approximately how many hours a day would an adopted animal regularly be left without a mature guardian capable of walking, feeding, administering medication, or offering play/stimulation? (“X” one)**

1-4 hours \_\_\_\_\_

5-8 hours \_\_\_\_\_

9-12 hours \_\_\_\_\_

More than 12 hours \_\_\_\_\_

You may clarify if you wish:

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**Would the adopted animal live indoors i.e. sleep indoors, stay inside your home when you are not present, never leave your home/property unaccompanied, will not be free-range? \_\_\_\_\_ (yes or no)**

**How would you best describe the atmosphere of your home? (“X” one)**

Always calm and quiet \_\_\_\_\_

Sometimes busy, often calm and quiet \_\_\_\_\_

Always busy, often loud, rarely quiet \_\_\_\_\_

Other \_\_\_\_\_ Please explain:

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**If you are selected to adopt a CSHAF animal, a home visit will be required.**

**Will you permit a home visit? \_\_\_\_\_ (yes or no)**

**Why do you want to adopt this animal from CSHAF?**

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**To the best of my knowledge, all of the above information is true. I understand that falsification of any kind is grounds for dismissal of my application and termination of any adoption agreement with CSHAF.**

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

**Print Name \_\_\_\_\_**

**\*NOTE: Upon completion of this application please submit it to your CSHAF representative or email to [info@cshaf.org](mailto:info@cshaf.org)**

**Internal Use Only**

Application No. \_\_\_\_\_

Date Received: \_\_\_\_\_ Status of Application: \_\_\_\_\_