



Date \_\_\_\_\_  
 Drivers License \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_

**DOMESTIC ADOPTER SURVEY (Please Print)**

1	Do you:	Own	Rent	Live with Parents	Other					
		If renting, Landlord name _____								
		Phone# _____								
2	Residence Type:	House	Apartment	Condo	Duplex	Mobile Home				
3	I am interested in adopted a:	Rabbit	Bird	Rodent	Other					
4	I plan on housing this animal:	Caged Indoors	Caged Outside	Other						
5	I plan on giving this pet time out of the cage:	Daily	1 or 2 times weekly	Never	Other					
6	List pets you have owned during the past 5 years:	Sterilized (Y/N)	Indoor/Outdoor	Deceased (Y/N)	If No, where living now?					
Name		Species/Breed	Age	Sex						
_____		_____	_____	_____	_____					
_____		_____	_____	_____	_____					
_____		_____	_____	_____	_____					
7	Are your pets up to date on vaccinations?	YES			NO					
8	What is the name of your veterinarian?	_____								
9	My pet needs to get along with:	Cats	YES	NO	Dogs	YES	NO	Other	YES	NO
10	My pet needs to be good with kids?	YES, List kids & ages: _____ / _____ / _____ / _____				NO				
11	Is anyone in your family allergic to pets?	YES			NO					
12	My ideal pet would:	_____								
13	How will you handle destructive behavior?	_____								
14	Under what circumstances would you return or give away this animal?	_____								
15	How much do you think you'll spend yearly for the care of your pet? (food, medical care, toys, etc ...)	_____								
Other Comments:										

Failure to fully answer questions may cause a delay in your adoption process.

FOR STAFF USE: Adoption Counselor: \_\_\_\_\_

Interested in adopting

Animal ID#

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

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

