

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



Date _____
 Date of Birth _____
 State _____ Zip _____
 Email _____
 Cell Phone _____
 Work Phone _____
 Home Phone _____
 Last Name _____
 First Name _____
 City _____
 Address _____
 Home Phone _____

SMALL ANIMAL ADOPTER SURVEY (Please Print)

1	Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents <input type="checkbox"/> Other If renting, Landlord name _____ Phone# _____																																
2	Residence Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Duplex <input type="checkbox"/> Mobile Home																																
3	I am interested in adopted a: <input type="checkbox"/> Guinea Pig <input type="checkbox"/> Ferret <input type="checkbox"/> Other																																
4	I plan on housing this animal: <input type="checkbox"/> Caged Indoors <input type="checkbox"/> Caged Outside <input type="checkbox"/> Other																																
5	I plan on giving this pet time out of the cage: <input type="checkbox"/> Daily <input type="checkbox"/> 1 or 2 times weekly <input type="checkbox"/> Never <input type="checkbox"/> Other																																
6	List current pets, pets owned in the last 5 years, and any other animals a new pet would need to get along with: <table border="1"> <thead> <tr> <th>Name</th> <th>Species/Breed</th> <th>Age</th> <th>Sex</th> <th>Sterilized (Y/N)</th> <th>Indoor/Outdoor</th> <th>Deceased (Y/N)</th> <th>If No, where living now?</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Species/Breed	Age	Sex	Sterilized (Y/N)	Indoor/Outdoor	Deceased (Y/N)	If No, where living now?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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7	Are your pets up to date on vaccinations? <input type="checkbox"/> NO <input type="checkbox"/> YES																																
8	What is the name of your veterinarian?																																
9	My pet needs to get along with: <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other																																
10	List members of your household and any other children or significant people your dog will interact with: <table border="1"> <thead> <tr> <th>Name</th> <th>Adult (Y/N) or Child's Age</th> <th>Lives in Household (Y/N)</th> <th>If No, Relationship or Anticipated Interaction</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Adult (Y/N) or Child's Age	Lives in Household (Y/N)	If No, Relationship or Anticipated Interaction	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____																
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11	Is anyone in your family allergic to pets? <input type="checkbox"/> YES <input type="checkbox"/> 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 on pet care? (food, medical care, boarding, toys, etc...) \$ _____																																

How did you find, hear or know about HSHV?

- | | |
|--|--|
| <input type="checkbox"/> Adopted before or used other HSHV service | <input type="checkbox"/> Internet-Google or other search |
| <input type="checkbox"/> Referred by friend or family | <input type="checkbox"/> Yellow pages or other advertising |
| <input type="checkbox"/> Am a donor or current/former volunteer | <input type="checkbox"/> Radio or TV |
| <input type="checkbox"/> Live close-by | <input type="checkbox"/> Other |
| <input type="checkbox"/> Internet-Petfinder | |

FOR STAFF USE: Adoption Counselor: _____
 Interested in adopting _____ Animal ID# _____

