

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

SMALL ANIMAL ADOPTER SURVEY (Please Print) Date _____

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

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"/> Rabbit <input type="checkbox"/> Hamster <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 (explain) _____																																
6	Have you owned this type of animal before? <input type="checkbox"/> Yes <input type="checkbox"/> No How long ago? _____																																
7	I am adopting this animal for: <input type="checkbox"/> Myself <input type="checkbox"/> My Children <input type="checkbox"/> My family <input type="checkbox"/> Companion for animal same species <input type="checkbox"/> Companion for animal different species																																
8	If for another animal of the same species, do you plan on caging them together? <input type="checkbox"/> Yes <input type="checkbox"/> No																																
9	List any pets owned, alive or deceased, in the last 5 years and any other animals a new pet would need to get along with: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Name</th> <th style="width: 15%;">Species/Breed</th> <th style="width: 5%;">Age</th> <th style="width: 5%;">Sex</th> <th style="width: 10%;">Sterilized (Y/N)</th> <th style="width: 15%;">Indoor/Outdoor</th> <th style="width: 10%;">Deceased (Y/N)</th> <th style="width: 30%;">If No, where living now?</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">-</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">-</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">-</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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10	Are your pets up to date on vaccinations? <input type="checkbox"/> NO <input type="checkbox"/> YES																																
11	What is the name of your veterinarian? _____ Do they handle small mammals? <input type="checkbox"/> Yes <input type="checkbox"/> No																																
12	List members of your household and any other children or significant people your new pet will interact with: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 15%;">Adult (Y/N) or Child's Age</th> <th style="width: 15%;">Lives in Household (Y/N)</th> <th style="width: 40%;">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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13	Is anyone in your family allergic to pets? <input type="checkbox"/> YES <input type="checkbox"/> NO																																
14	My ideal pet would:																																
15	How will you handle destructive behavior?																																

~~ Questions Continue on Back ~~

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For your safety and the safety of the animals, please follow our recommended guidelines for animal interaction.

16	Under what circumstances would you return or give away this animal? <input type="checkbox"/> Not litter trained <input type="checkbox"/> Destructive <input type="checkbox"/> Moving <input type="checkbox"/> Aggression/biting <input type="checkbox"/> Gets sick <input type="checkbox"/> Doesn't get along/bond with current animal same species <input type="checkbox"/> Gets bigger than expected
17	Are you anticipating any household changes in the next 6 months? <input type="checkbox"/> Additional pets <input type="checkbox"/> Moving <input type="checkbox"/> Job/schedule change <input type="checkbox"/> Remodeling/redecorating <input type="checkbox"/> Baby/additional children <input type="checkbox"/> Roommate changes <input type="checkbox"/> New/departing family member <input type="checkbox"/> Other _____
18	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 | |

Add me to the HSHV email list for the latest news updates, adoption promotions, vet clinic discounts, special events and more!

---- Office Use Only ----

Approved: Y N Staff Name: _____ Animal Name/ID: _____