

# Small Adoption Questionnaire

Updated October 17, 2016



Name of Animal: \_\_\_\_\_ [Office use only: A# \_\_\_\_\_]

## ADOPTER CONTACT INFORMATION

Full name\*: \_\_\_\_\_ Email: \_\_\_\_\_

\*The person named here will become the legal guardian of the adopted animal

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Are you planning to move in the next 6 months? (circle one) Yes No

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Have you owned this species of animal before?  Yes  No

Have you applied to adopt an animal from WHS, WARL, or HRA before?  Yes  No

## LET'S MAKE A MATCH! (Please check all that apply)

### I consider my home to be most like:

- A library (calm and quiet)  Middle of the road (sometimes quiet/sometimes a lot going on)  
 Grand central station (A lot going on: people going in and out/lots of noise)

### I have owned a small animal before:

- No  Yes 2 – 10 yrs ago  10+ yrs ago  Within the past year  I currently own a small animal

### When I am a home, I want my small animal to be by my side:

- Rarely  Sometimes  Most of the time

### My small animal will spend his/her time:

- In a hutch/cage outside  In a hutch/cage inside  Loose in the house  Confined to a room

### I want my small animal to enjoy being held:

- Sometimes  All of the time  It doesn't matter to me if my small animal likes to be held

### I would like my small animal to be good with (check all that apply):

- Dogs  Cats  Any animal  Children under 8 yrs of age  Elderly people  Other: \_\_\_\_\_

The most important thing I am looking for in a small animal is: \_\_\_\_\_

The reason I chose this small animal today is: \_\_\_\_\_

## WHAT IS YOUR HOUSEHOLD LIKE?

Do you rent your home?  No  Yes

Does your rental agreement allow you to have animals?  Yes, I am certain  I don't know  No

Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who lives with you in your home? (please list all family members/roommates):

Are there are children in your home?  No  Yes What are their ages? \_\_\_\_\_

Do you have other animals?  No  Yes Please list your veterinarian: \_\_\_\_\_

Please list all pets you currently have or have had within the past 5 years:

Current pet?	Name	Species/Breed	Age	Spayed/neutered?	Declawed?	Owned for how long?

Have you applied to adopt an animal from WHS before?

Yes  No

If yes, please list the animal(s) and date(s) you applied: \_\_\_\_\_

How much do you expect to spend on your pet each year? \_\_\_\_\_

Is there any reason you would give up your pet? \_\_\_\_\_

Would you like to discuss any of these topics with the adoption counselor today?

Feeding your pet  Making introductions between pets  Scratching  Litterbox Issues

Veterinary care  Proper housing  Other: \_\_\_\_\_

### THIS QUESTIONNAIRE BECOMES A PART OF OUR CONTRACT

I certify that all information provided is true and understand that false information may nullify this application and authorize the Humane Rescue Alliance to verify the above information.

Responsible Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For office use only:

- Other animals  
 Household members  Verify medical

- ID check:  USDC01  
 USDC02  
 USDC3