

Small Pet Adoption Survey



Name *

First

Last

Date *

Address *

Email *

Phone Number *

Alternative Phone Number

Name of the small pet that you are interested in:

I have owned this type of pet before: *

- Yes
 No

If you are not applying for a specific small pet, what are you looking for?

If you have owned this type of pet previously but do not currently own one, how long ago was it?

Does the small pet that you are interested in need to get along with other species of animals? *

- Yes
 No

If answered yes above, what kind of animals?

Will your small pet need to be good with children? *

- Yes
 No

If answered yes above, how old are the children?

If children are involved, have they had previous experience with this type of pet? *

- Yes
 No

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Do you know about the specific care needs of this type of pet (housing/diet)? *

- Yes
- No

Do you know if this pet is active during the day, night or both? *

- Yes
- No

Do you know what type of bedding to use and how often the bedding for the pet will be to be changed? *

- Yes
- No

If you answered no to any of the last three questions please speak with our shelter staff or enter any additional questions here:

Where in your home with the small pet be housed? *

Who will be the primary care giver for this small pet? *

If the answer above is a child, is there an adult who is prepared to oversee the care? *

- Yes
- No

Caged pets need daily enrichment which includes time out of the cage. How much time/day will you be able to provide to the small pet for enrichment? *

Do you have another small pet of the same species that you are hoping to be a cage mate for them? *

- Yes
- No

If you answered yes to the question above, please see our staff for tips regarding introducing them and include any questions here:

What is most important to you about the small pet you are adopting? *