

# Critter Adoption Survey



2061 15<sup>th</sup> Avenue West

Seattle, WA 98119

206-386-7387

[www.SeattleAnimalShelter.org](http://www.SeattleAnimalShelter.org)

Instructions: For each prompt below, enter the information into the blank space after the colon.

Name:

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E-Mail:

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Address:

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City:

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State:

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ZIP Code:

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Primary Phone:

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Alternate Phone:

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**Thank you for considering adopting an orphan from our shelter. You will be making a multi-year commitment to the new pet you adopt and our goal is to help make the best match possible for you and the orphaned animal you are interested in. The following questions will help us achieve that goal.**

1. Which type of animal are you interested in adopting?

a. Rabbit:

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b. Ferret:

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c. Reptile:

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d. Bird:

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e. Rat/ Hamster/ Gerbil:

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f. Other:

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2. Do you currently live in a

a. House: \_\_\_\_\_

b. Apartment: \_\_\_\_\_

c. Condo: \_\_\_\_\_

d. Other: \_\_\_\_\_

3. Do you currently

a. Rent: \_\_\_\_\_

b. Own: \_\_\_\_\_

c. Lease the residence where you live: \_\_\_\_\_

4. How long have you lived at your current residence?: \_\_\_\_\_

**If not a property owner, Seattle Animal Shelter has my permission to verify current pet policy.**

**Landlord's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

5. How many adults live in your home?: \_\_\_\_\_

6. How many children?: \_\_\_\_\_

a. Ages: \_\_\_\_\_

7. Does anyone in your household have allergies to

b. Animals: \_\_\_\_\_

c. Hay/ alfalfa: \_\_\_\_\_

d. Bird dander: \_\_\_\_\_

8. Who will be primarily responsible for the care of this small animal?: \_\_\_\_\_

9. Is this small animal a gift? Yes or No: \_\_\_\_\_

e. If yes, for whom?: \_\_\_\_\_

10. Which of the following best describes your reasons for wanting this small animal?

(Check all that apply.)

f. Companion: \_\_\_\_\_

g. Breeding: \_\_\_\_\_

h. For the children: \_\_\_\_\_

i. Companion for other pet: \_\_\_\_\_

j. Classroom Use/ Pet: \_\_\_\_\_

11. How many hours will the small animal be alone from people each day?: \_\_\_\_\_

12. How will the small animal be housed?

k. Inside cage: \_\_\_\_\_

l. Outside hutch:

m. Loose in house/ room:

n. In garage:

o. Cage inside home with cage door open:

13. Are you prepared to take the small animal with you if you move?:

14. What will happen to the small animal if you go on vacation or out of town?:

15. How many hours each day will you be interacting with the small animal?:

16. Have you ever owned this type of animal? Yes or no:

p. If yes, how long ago?:

17. **Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own.**

Instructions: There are seven columns and eight rows in the table below. For each header prompt, enter the information into the blank spaces in the empty cells.

Species	Breed	Age	Sex, M or F.	Altered, Yes or No.	Owned how long?	What happened to him or her?

18. If you have other pets, are their vaccinations current? Yes or no:

19. If you have other pets, are they currently licensed? Yes or no:

20. Do you have a regular veterinarian? Yes or no:

a. Name:

21. Under what circumstances would you **not** keep this animal?:

22. How much do you expect to spend per year to care for this animal (cage, food, supplies, toys)? \$: \_\_\_\_\_

23. Please check the topics you would like our staff to discuss with you today.

- a. Hand socialization: \_\_\_\_\_
- b. Proper handling techniques: \_\_\_\_\_
- c. Rabbit spay/ neuter: \_\_\_\_\_
- d. Exercise requirements: \_\_\_\_\_
- e. Small animals and kids: \_\_\_\_\_
- f. Ferret myths: \_\_\_\_\_
- g. Diet: \_\_\_\_\_
- h. Caging: \_\_\_\_\_
- i. Ferret play: \_\_\_\_\_
- j. Litterbox training: \_\_\_\_\_
- k. Indoor vs. outdoor: \_\_\_\_\_

**I certify that the above information is true and correct to the best of my knowledge. I acknowledge that any falsifications can result in my being denied adoption, or, if adoption has occurred, the return of that animal to the shelter.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_