

PRE-ADOPTION QUESTIONNAIRE

SMALL ANIMAL

Adviser _____ Status _____

Contact Information

Name (First)		(Last)	
Street Address		APT #	
City		State & Zip	
Home Phone		Cell Phone	
Email			

Is this a rental property? YES NO

Does your landlord allow pets? YES NO

Have you researched your landlord/
HOA's pet policy and limitations? YES NO

Number of **ADULTS** in the household:

Number of **CHILDREN** in the household:

Ages of **CHILDREN**:

Do any members of your household have allergies to pets?

On a typical day, how many hours will the small animal(s) be alone?

Is the living area (hutch/cage) already set up?

Please describe it:

In what ways and how often do you plan to interact with your pet?

What animal are you interested in meeting today?

CURRENT AND PRIOR PET HISTORY

Please list the pets that are or have been part of your family over the past 10 years. Please indicate their status using the following codes

0- Still Have

1- No Longer Have

Breed	Age	Species	Status
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	

My pets are:

Up-to-date on vaccinations? Yes No

Spayed or Neutered? Yes No

Under the care of a veterinarian? Yes No

Name of Vet Clinic _____

Small animals require yearly vet visits to ensure good health. Are you prepared to establish a personal veterinarian for this pet?

What traits or bad habits would you have a hard time tolerating or dealing with?

How much are you prepared to pay per year for the care of this pet (a healthy year typically costs \$500- \$1000)?

SIGNATURE AND CONSENT (over 18 years) X _____

I certify that this information is true and understand that false information may result in nullifying this adoption. I understand that this questionnaire remains the property of Seattle Humane.

FOR OFFICE USE ONLY

Reviewed By _____ Date _____ Computer Check _____ ID# _____

Adopter Name _____ Pet ID _____ HOLD (PAID) ___ COMP ___ FOSTER ___

Litterbox		Cage bottom		Activity		Intro to Pets		Intro to home		In/out		Cost
Critical care/diet		All to meet		Other Pet		Landlord		Medical Consult		Behavior Consult		Waivers
Active Avail		Medical		Memos		Identification		Holds		Stage/location		File

***** Above For Office Use Only *****

_____ I accept that any animal's behavior is difficult to predict at any time and have been advised to engage in a slow introduction to the home and community, which includes people of all ages and animals.

_____ Many small animals are prone to bumblefoot, an ulcerated foot infection. I understand that this condition is believed to be exacerbated by inappropriate cages. I understand that the bottom of my pet's cage and exercise wheels should **NOT** be wire, mesh, or hard on their feet.

_____ I accept that this is strictly an indoor companion animal.

_____ I understand that a small animal's health can fail quickly. Urination and defecated should be carefully monitored. A private veterinarian should be notified immediately with concerns.

_____ It has been explained that this small animal may not be able to safely interact with the following: _____ children _____ dogs _____ cats/small animals

_____ I was am prepared to provide fresh Timothy Hay daily and dry bedding.

_____ I am prepared to provide fresh greens, fiber-rich pellets, and fresh water daily.

_____ I realize that small animals need enrichment and grooming.

Signature

Date

Printed Full Name