SMALL ANIMAL ADOPTION SURVEY

Date _____

HARBOR HUMANE SOCIETY
"GIVING ANIMALS A SECOND CHANCE AT LIFE AND LOVE"

Name		
Address	**City**	**State / Zip**

Phone	Email

These questions are not used to determine whether or not you will be allowed to adopt a pet, they just help us to ensure that the one you do adopt will fit comfortably into your social life. There are no "wrong" answers.

What type of home do you live in: *House Apartment Condo/Duplex Mobile Home Other*

If you RENT or live in a community with guidelines, what is the small animal policy? _____

Are you 18 years of age or older? ☐ Yes ☐ No

Routine Living:

Other pets I **currently** have in my home are:

Type	Name	Breed	Age	Gender	Spayed / Neutered	Indoor / Outdoor	How long owned?	Last Vet Visit

What type of pet are you looking for: *(circle all that apply)* Rabbit Guinea Pig Hamster Rat Mouse Other: _____

Do you have a preference to breed, age or gender? _____

It is most important that my new pet: *(describe what you are looking for and why)* _____

_____

The household/lifestyle for my new pet would be described as: *(circle one)* Library In Between Rock Concert

Provide details if you feel it would help us understand: _____

Children my new pet will have frequent/regular contact with are: *(List age & frequency. Ex: daily, weekends, occasionally, etc.)*			
My new pet will:	Yes	No	Additional comments
Have other pets come to our home for visits, etc.	☐	☐	
Have play dates with pets of other friends/family members	☐	☐	
Need to be litter box trained	☐	☐	
Need to get along with:	Cats ☐	Dogs ☐	Other:
Be held and petted how frequently?			
Be alone for this many hours on an average day			
Get this much exercise on an average day *(circle one)*	Little ☐	Some ☐	Lots ☐
Be by my side when I am home (*circle one)*	Little of the time ☐	Some of the Time ☐	Most of the time ☐
Enjoy being held (*circle one)*	Little of the time ☐	Some of the Time ☐	Most of the time ☐

- - Continued on back - -

What is the reason you are looking to adopt a small pet?	
How many adults in your home?	
Is anyone in your home allergic to animals. If so what kind.	
What housing will be provided? *(cage, garage, yard, etc.)*	
Where will the pet be kept? *(describe the room/area, etc.)*	
What amount of time do you feel is reasonable for your new pet to adjust to other pets in your home?	
Have you ever owned this type of animal before? *(If yes, what happened to it)*	

Circle any topics you would like to discuss with your adoption Counselor:

Litter Box Issues ☐ Intro to Other Pets ☐ Food/Water ☐ Veterinary Care ☐ Exercise ☐ Other

Certifications and Understandings

1. I certify that all statements on this Adoption Survey are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being allowed to adopt from Harbor Humane Society.

2. I understand that I may be denied to adopt an animal or a specific animal if a representative of HHS feels my lifestyle is not appropriate for a animal or a specific animal.

3. I understand that the handling of animals that I may meet may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify, and hold harmless the HHS and its directors, employees, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my meeting an animal for the purpose of adoption.

4. I understand that I am applying to adopt a shelter animal. There are no guarantees of behavior or health. I am willing to assume all costs for care once adopted

Signature: _____ Date: _____

HHS USE ONLY BELOW THIS LINE

Adoption Counselor Info. AC Name _____ ☐A☐P☐D Other: _____

ADOPTED: _____ AC _____ Date _____

(Animal name) (Name)