Staff Use Only	
Adoption	Date
Animal	Name
Inc #	
Staff Initial	



Date:		_
Animal Name: _		
Inc #:		_
Kennel #:		
Hold Date:		
Hold Time:		
First Hold	Second Hold	
Notify Avail	Notify Adopt	
No Show	, ,	

PRE-ADOPTION QUESTIONNAIRE - SMALL ANIMAL

□Mr. □Mrs.	□Ms		Home Phone:		
Street Addres	ss:		Work Phone:State:		
City:		County:	State:	Zip:	
Mailing Add	lress (if differe	nt):			
E-mail Addre	ess:				
empioyer.			Occupation:		
Spouse/Partn	ner Name: □M	r. □Mrs. □Ms			
Spouse/Partn	ner Employer:		Work □Newspaper □Radio	Phone:	
How Did Yo	u Hear About	Seattle Humane?	□Newspaper □Radio	□TV	☐ Yellow Pages
LES Signs/E	Billboards	www.seattienumane.org	g Event/Venue	Cra:_	
	FALSE 1	NFORMATION MAY	RMATION IS TRUE AND RESULT IN NULLIFYD RESULT RESULT THE PROPERTY OF THE PROPE	NG THIS	ADOPTION.
(O)	ver 18 years) S	SIGNED		DATE	
Tì	•	1 0 1	naire. Please return it to the adoption process usually ta	•	•
1. Briefly des	scribe why you	ı would like to adopt a s	mall animal.		
			lo □Mobile Home □Apt., C	Complex Na	me
4. Please list	the names of	all of your household me	embers. Include ages for ho	ousehold me	embers under age 18.
6. Who will b	be primarily re	esponsible for the care ar	Children □Family □Giftend supervision of the anima	1?	et Other
6. Who will b 7. Will this a	be primarily re mimal be hand	sponsible for the care ar led by children frequent		l? hat ages? _	

Long Term Pet Care: **9.** What will happen to this animal if you move? **10.** Are you prepared to accept the cost of this animal in the home? \Box Yes \Box No \Box Don't Know **11.** Do you have a veterinarian that works with small animals? □Yes □No □ N/A Name of Clinic: _____ 12. What type of diet will you provide this animal? **13.** Describe the housing you have for this animal: **Animal Selection/Behaviors: 14.** As an adult, have you owned a small animal? \Box Yes \Box No If yes, what type(s)? **15.** How many hours each day will you interact with the animal? **16.** Will the animal be taken out of its cage for exercise? \Box Yes \Box No If yes, where will this occur? 17. Please list the pets that you have had in the past **five** years (both current and those you no longer own): Breed/Type Spayed/Neutered How long owned? What happened to him/her? Age Sex **18.** For what potential problems do you feel unprepared? *Please check all that apply*. □Biting/scratching □Not good with other animals □Not good with children □Medical Issues Allergies Other ******FOR USE BY ADOPTION ADVISORS DURING DISCUSSION WITH ADOPTER******* Reviewed by _____ Date ____ N/I P/I C/A Computer check: Yes No Memo ID#_____ Landlord Name: Phone: Assessors check: Policy: □ Housing □ Species □ Diet □ Activity □ In/Out □ Medical/Behavior notes NOTES:____