

SMALL ANIMAL ADOPTION SURVEY

FIRST NAME:

LAST NAME:

DATE:

ADDRESS:

APT #:

CITY:

STATE:

ZIP:

PRIMARY PHONE:

SECONDARY PHONE:

EMAIL ADDRESS:

1	What type(s) of small animal(s) are you interested in adopting?				
2	I want my small animal to:	Love lots of petting and interaction	Like being handled but not require constant attention	Be happy admired in its cage with an occasional pat or treat	
3	I have owned a small animal:	Never	Not since I was a kid	Past 5 years	Currently
4	The noise level of my home is:	Loud and chaotic	Moderately busy	Quiet most of the time	
5	The pet's enclosure will be located in the:	Bedroom	Living room	Basement	Other:
6	I share my house with:	Children Ages:	Cats How many?	Dogs How many?	Other:
7	My pet's interaction with children will be:	Rare: it probably won't meet many kids	Limited: some supervised meetings with visiting kids	Frequent: I have children of my own	Constant: its main caregiver will be my child(ren)
8	The ages of the children my small animal will meet:	Infants/toddlers (0-3 years)	Young (3-6 years)	Older (7-12 years)	Teen (13+ years)
9	Some behaviors I am unwilling to work with are:	Destructive chewing	Nipping & defensive behaviors	Disruptive noises	
10	I expect to spend \$_____ a year in caring for my small animal				
11	It is most important that my small animal is: _____				

FOR ARLGP STAFF: SMALL ANIMAL ADOPTION CHECKLIST

COUNSELOR DISCUSSION CHECKLIST:

- | | |
|---|--|
| <input type="checkbox"/> Cost of pet care and vet recommendations | <input type="checkbox"/> Medical background discussed: |
| <input type="checkbox"/> Diet requirements and recommendations | <input type="checkbox"/> Medical history |
| <input type="checkbox"/> Pet introductions and safety | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Proper housing and bedding | <input type="checkbox"/> Post-op instructions |
| <input type="checkbox"/> Enrichment and behavior | <input type="checkbox"/> Go over any releases, get signatures |
| <input type="checkbox"/> Grooming: nails, coat, etc. | <input type="checkbox"/> Litterbox/elimination |
| <input type="checkbox"/> Pet and children safety | <input type="checkbox"/> Questions? |
| <input type="checkbox"/> Basic training and positive reinforcement | |

OUTCOME CHECKLIST:

- Valid picture ID**
- PetPoint check**
 - Verify addresses and update if necessary if adopter is already in PetPoint**
- Execute outcome in PetPoint:**
 - Adoption contract**
 - Vet voucher**
- Microchip discussion – if chipping:**
 - Enter chip number into database. Make adopter aware that registration happens automatically in our system, suggest they contact 24 Hour Pet Watch in a few days.**
- Take payment**
- Make receipt**
- Provide adopter with copies of paperwork**
- Compile ARLGP copies of paperwork and file**

ADOPTION COUNSELOR:

DATE:

ADDITIONAL NOTES: