

CRITTER ADOPTION QUESTIONNAIRE

2061 15th Avenue West Seattle, WA 98119 206-386-7387 www.seattleanimalshelter.org

| Name | Email | | | | | | | |
|-----------|---|--|--|--|--|--|--|--|
| Address _ | City Zip | | | | | | | |
| Primary P | hone Alternate Phone | | | | | | | |
| you adopt | 1 for considering adopting an orphan from our shelter. You will be making a multi-year commitment to the new pet and our goal is to help make the best match possible for you <u>and</u> the orphaned animal you are interested in. The questions will help us achieve that goal. | | | | | | | |
| 1) | Which type of animal are you interested in adopting? | | | | | | | |
| | Rabbit Ferret Reptile Bird Rat/Hamster/Gerbil Other | | | | | | | |
| 2) | Do you currently live in a House Apartment Condo Other | | | | | | | |
| 3) | Do you currently Rent Own Lease the residence where you live? | | | | | | | |
| 4) | How long have you lived at your current residence? | | | | | | | |
| | If not property owner, Seattle Animal Shelter has my permission to verify current pet policy | | | | | | | |
| | Landlord's NamePhone Number | | | | | | | |
| 5) | How many adults live in your home? | | | | | | | |
| 6) | How many children? Ages | | | | | | | |
| 7) | Does anyone in your household have allergies to: animals hay/alfalfa bird dander | | | | | | | |
| 8) | Who will be primarily responsible for the care of this small animal? | | | | | | | |
| 9) | Is this small animal a gift? Yes No If yes, for whom? | | | | | | | |
| 10) | | | | | | | | |
| | Companion Breeding For the children Companion for other pet 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? Inside cage Outside hutch Loose in house/room In garage | | | | | | | |
| | Cage inside home with cage door open | | | | | | | |

| 13) | Are you prepared to take this 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? 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 | | | | | | | | |
| Species | Breed | Age | Sex | Altered | Owned how long? | What happen | ed to him or her? | | |
| | | | M / F | Y / N | | | | | |
| | | | M / F | Y / N | | | | | |
| | | | M / F | Y / N | | | | | |
| | | | M / F M / F | Y / N Y / N | | | | | |
| | | | M / F M / F | Y/N Y/N | | | | | |
| | | | M / F | Y / N | | | | | |
| | | | M / F | Y / N | | | | | |
| | | | M / F | Y / N | | | | | |
| | | | M / F | Y / N | | | | | |
| | | | M / F | Y / N | | | | | |
| 18) | If you have other pets, are their vaccinations current? Yes No | | | | | | | | |
| 19) | If you have other pets, are they currently licensed? Yes No | | | | | | | | |
| 20) | Do you have a regular veterinarian? Yes No 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 | | | | | | | | |
| | Hand socialization | | | Exercise | Requirements | Diet | Litterbox training | | |
| | Proper handling techniques | | | Small an | imals and kids | Caging | Indoor vs. outdoor | | |
| | Rabbit spay/neuter | | | Ferret my | yths | Ferret play | | | |
| above can to Seattle A | result in my bei Animal Shelter. | ng deni I unde | ied adoption rstand that | i of an anima all animals a | l or, if an animal has l | been adopted to nimal Shelter m | owledge falsification of the me, the return of that animal oust successfully pass a health shelter. | | |
| | | | | | | | | | |
| Signed | | | | | | Date | | | |

Case Number _____ Reviewed by _____ Date _____