

small animal adopter survey

first name	last name	date
address		apt. #
city	state	zip
home phone ()	cell Phone ()	email

1	I would consider my house to be like...	A library	Middle of the road	A carnival
2	The critter will be...	Pet occasionally	Held and pet regularly	Held and pet constantly
3	I want my critter to interact with guests that come to my house...	Little of the time	Some of the time	All of the time
4	I want my critter to love being with children in my home...	No	Yes	Some of the time
5	My critter needs to be alone every day for...	More than 9 hours	4 to 8 hours	Less than 4 hours
6	My critter will get this amount of exercise per day...	Little	Some	Plenty
7	When I am at home, I want my critter to be by my side...	Little of the time	Some of the time	All of the time
8	I want my critter to enjoy being held...	Little of the time	Some of the time	All of the time
9	I need my critter to get along with (choose all that apply)...	Cats	Dogs	Other _____
10	I want a critter that can be litter box trained...	Not important	Somewhat important	Very important

It is most important to me that my critter: _____

Are you over 18 years of age? *Yes No* Permission for adoption follow-up? *Yes No*

Are you a full-time college student? *Yes No*

Type of pet desired (circle): Rabbit Guinea Pig Hamster Rat Mouse Other _____

Why are you interested in adopting a pet (circle): Gift Companionship Breeding Other _____

Is anyone in your household allergic to animals? *Yes No* If yes, what kind of animal allergy? _____

Number of adults in household: _____ Number of children in household: _____ Children's ages: _____

Who will primarily be responsible for the pet? _____

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

How will you house your new pet (circle): Loose in yard Loose in house Cage – Size: _____

Where will your pet be kept (circle): Outside In Garage Covered Outside Area In House

Pet History: List pets currently owned, including small caged pets.

Animal Type (dog/cat/critter)	Name	Breed	Age	Gender	Spayed or neutered?	Kept indoors or outdoors?	How long Owned?

Small Animal Care:

Have you ever owned the type of pet you wish to adopt? *Yes No* If yes, how long ago? _____

What happened to the pet? _____

Did the pet ever have offspring? *Yes No* If yes, what happened with the offspring? _____

Are you familiar with this pet's needs for: Food/Water _____ Socialization/exersize _____ Vet Care _____

Certifications, Authorizations, Releases, and Understandings

1. I certify that all statements on this Adoption Application 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 Humane Society of West Michigan.
2. I authorize Humane Society of West Michigan to contact my reference(s), my veterinarian(s) and anyone else Humane Society of West Michigan deems necessary to confirm how I have cared for my companion animals and/or how I am likely to care for any companion animal(s) I adopt from Humane Society of West Michigan.
3. I authorize my veterinarian(s) to release to Humane Society of West Michigan all veterinary records of the animals I own or have owned.
4. I understand that, with proper care, dogs can live 10 years or more and I am prepared to commit myself to the long-term care and protection of any animal I adopt from Humane Society of West Michigan.
5. I understand that animal(s) I adopt from Humane Society of West Michigan may require veterinary medical or health treatment beyond that provided by Humane Society of West Michigan prior to my taking the animal(s) home. Such additional veterinary medical treatment could be costly. I acknowledge that Humane Society of West Michigan is not responsible for providing any additional veterinary treatment or the incurring cost of any additional veterinary treatment provided by veterinarians I select to provide such treatment.
6. I will not sell or give away animal(s) I adopt from Humane Society of West Michigan (HSWM). As long as I live in the service area of HSWM, I agree to return the animal (s) to HSWM in the event I cannot keep or chose not to keep the animal(s). If I move from the area, I agree to take the animal(s) to the local humane society or comparable local animal welfare organization. You may return the animal to HSWM within 30 days of adoption at no charge. During that time, you may exchange for another animal. After 30 days, you will be assessed a transfer of care fee of \$20 and will not be offered an exchange.
7. 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 Humane Society of West Michigan 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.

_____ Date

_____ Applicant's Signature