

small animal adopter survey



first name	last name	date
address	city	postal code
home phone () -	work phone () -	email

1	I want my small animal to be held	Little of the time	Some of the time	Most of the time			
2	I need my small animal to get along with (circle all that apply)	Children	Dogs	Cats	Birds	Other	
3.	I have lived with this species before	No	Yes Date _____		Currently		
4	I want my small animal to be active	During the day	At night	Whenever it wants			
5	Where will the animal's cage be located?	Family Room	Garage	Basement	Bedroom	Backyard	Other _____
6	Many small animals require hay as a regular part of their diet. Are there any allergies to hay in your family?	Yes	No				
7	How much time will the animal be allowed outside its cage?	Never	1-3 hours	3-6 hours	More than 6 hours		
8	For what reason would you like to adopt this animal?	Companionship	Child's Pet	Family Pet	Other _____		
9	I would like husbandry information on this species.	Yes	No				