

Office use only

A#:

Animal:

P#:

First:

Last:

Office use only



**Support Animals
Save Lives
Spread Compassion**

Office Use Only

Date/Staff Initials: _____
 Adoption Fee: \$ _____
 Carrier: \$ _____
 Store Sales: \$ _____
 SFAS Merchandise: \$ _____
 Donation: \$ _____
 Total fee: \$ _____
 Method of payment _____

Critter Adoption Survey

Last Name:		First Name:	
Best Phone #: ()		Other Phone #: ()	
Mailing Address:			Unit #:
City:	State:	Zip:	
Physical Address: <i>If different from above</i>			Unit #:
City:	State:	Zip:	
ID or License #:		Birthdate:	
e-Mail:			Veteran? <input type="radio"/> Y <input type="radio"/> N

Let us help you find the perfect critter.

Why do you want to adopt this animal? *(check all that apply)*

- Companionship
 Teach children responsibility
 Be a companion for other pets in the home
 Give as a gift
 Other _____

Have you owned this type of animal before?

- I have one or more at home currently. I have # _____ male(s) # _____ female(s)
 I had one as a child
 This will be my first

Gender? Male Female No Preference

(all of our bunnies have been spayed or neutered, but please note that our other critters are not)

Age? Baby Adult Senior

OVER

Tell us about you.

Have you ever been the primary caregiver for this type of critter before? Yes No

How many pets do you have in your home now? _____ Dogs _____ Cats _____ Other

Have these pets been exposed to and gotten along with critters?

Yes Mostly, but not all critters No I don't know Not applicable

How many people will live with the critter? Seniors (60 and over) _____ Adults (18-59) _____

Teens (13-17) _____ Children (5-12) _____ Young children (2-5) _____ Babies or Toddlers (under 2) _____

What kind of home do you live in? House Condo/apartment Farm/ranch RV

Other: _____

If renting, have you talked with your landlord about bringing a pet into the home? Yes No

Where will your critter live? in the house in an enclosure Loose in the house

Indoors/outdoors* Outdoors only*

***If you plan to let your critter out in a fenced yard, is your fence secure for a small animal?** Yes No

How long will you leave your critter alone in the home? _____ hours a day, _____ days per week.

Anything else we should know?

Tell us anything else that might help make your adoption successful (e.g. Have you recently lost a pet? Do you need advice on how to care for your new pet? Include any questions you might have.

Please hand your completed form to an adoption counselor.