



Cleveland Animal Protective League

"Making Happily Ever Afters Since 1913"

Small Mammal Adopter Survey



Today's Date: / / First Name: Last Name:

Address Apt. #

City State Zip Code

Primary Phone () Secondary Phone ()

Email Address

Do you rent or own your home? Rent Own

Are there any restrictions on animal ownership at your residence? _____

Have you had this type of animal before? Yes No

This animal is for: Myself My family A gift

Please list the pets currently living in your home:

Name	Species/Breed	Age	Spayed/Neutered
			Y/N
			Y/N
			Y/N
			Y/N

Do you currently have a veterinarian for your animals? If so, who? _____

Please list the people currently living in your home:

Name	Relationship	Age

What qualities are you looking for in your new pet? Check all that apply

- Comfortable with children ages: _____
- Good with dogs Good with cats Cuddly/Affectionate
- Likes to be held Quiet No health issues
- Active/Playful Mellow Playful/Energetic
- Trained Independent Other _____

This animal will be: Indoor Indoor/Outdoor Outdoor Only

Please check any topics you may have questions/concerns about that you would like to discuss with us:

- Litterbox training Supplies/Housing Playtime and safe handling recommendations
- Introducing to other pets Allergies Veterinary care
- Recommended diet Training needs Other _____

It's most important to me that my pet is _____

How did you hear about the Cleveland APL? _____