



# 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?  Own  Renting/Sharing housing  Rent \*Landlord Name/Number \_\_\_\_\_

Are there any restrictions on animal ownership at your residence? (YES  NO ) If yes, circle one: Weight /Species / City (Explain) \_\_\_\_\_

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 | Last seen by vet |
|------|---------------|-----|-----------------|------------------|
|      |               |     | Y/N             |                  |
|      |               |     | Y/N             |                  |
|      |               |     | Y/N             |                  |
|      |               |     | Y/N             |                  |

\*Do you currently have a veterinarian for your animals? (YES  NO ) If so, who and where? \_\_\_\_\_

Please list the people currently living in your home:

| Name | Relationship | Age |
|------|--------------|-----|
| Self |              |     |
|      |              |     |
|      |              |     |
|      |              |     |

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 Only  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 \_\_\_\_\_

How did you hear about the Cleveland APL? \_\_\_\_\_

*For internal use only*

Staff Initials: \_\_\_\_\_

Met with: \_\_\_\_\_ (Person Number) \_\_\_\_\_

**\*Driver's License Information:**

| Identification Number | DOB | Address |
|-----------------------|-----|---------|
|                       |     |         |

**Counseled On:**

Behavior                      Adjustment Time                      Post-Operative                      Vet Care

Pet Introduction                      Animal-Proofing Home                      Safe Handling/Socialization

Notes:

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Was "Where did you hear about us?" answer logged?       No       Yes