

Small Mammal Adoption Survey

Please Print Legibly

Last Name:	First Name:
Address:	City: State:
APT. #	ZIP:
Phone 1: ()	Phone 2: ()
Email :	Driver's License #:

TELL US A LITTLE ABOUT YOURSELF

I live in a: Single-family home Townhouse or Condo Apartment

I currently: Own Rent Live at a relative's/friend's home

Landlord's Name and Number: _____

I am a first time small mammal owner! Yes No

I have ownership experience with the following small mammals:

Rabbit Guinea Pig Ferret Rat Hamster Other: _____



This animal will live with the following people:

Children (0-5 years) Children(6-12) Teens (13-18)

Other Adults Senior Citizens Just me!

This animal will live with the following pets: Dog Cat Bird Small Mammal N/A

Have the pets specified above been spayed and/or neutered? Yes No

When did these pets receive their most recent round/s of vaccinations? _____

TELL US WHAT YOU ARE LOOKING FOR IN YOUR NEW PET (please check all that apply)

● **When I'm not home, my pet will be:**

Caged in the house Caged outside

In the garage Confined to a room inside

Other: _____

● **When I am home my pet will be:**

Socializing with me Caged in the house

In the garage Confined to one room

Loose in the house

Other: _____

● **My pet will be alone during the day for:**

4 hours or less 4-8 hours

8-10 hours 10+ hours

● **I want my pet to be:**

Active/Playful Enjoy being held Independent

Affectionate Calm Low maintenance

● **My pet will spend the following amount of time outside of its enclosure, socializing with me:**

10-20 minutes 30-45 minutes 1 hour

2-4 hours 4+ hours

● **Please check any of the following topics you would like more information on:**

Housing Proper diet Nail trimming Handling

Veterinary Care Enrichment

Thank you for choosing Wayside Waifs! We appreciate your support and interest in adopting one of our shelter pets! Our goal is to create the best possible match for each Waif in our care. Signing below indicates that you, as the potential adopter, understand the following: You must be 18 years of age or older, Wayside staff and/or volunteers may suggest a different pet than you have selected, and Wayside staff may turn down an adoption if we feel that placement is not in the best interest of the animal and/or adopter.

Signature: _____

Date:	Last Name:	Person ID:	Counselor:
Animal Name:	Animal ID:	Species:	M / F

Has landlord approval been received?	Y	N	
Are their pets UTD on vaccinations? S/N?	Y	N	N/A
Have you reviewed all memos with adopter?	Y	N	

Why did you choose to adopt this small mammal?	
What do you know about the species?	
What will a typical day be like for this pet?	
How will this pet receive daily exercise and/or stimulation?	
What type of enclosure do you plan on using? Size?	
What type of bedding to you plan to use?	
What type of diet will you utilize with your new pet?	
Are you planning to use an exotic/small mammal veterinarian ?	

Name of veterinarian?	Needs Suggestion		
Discussed retail items?	Y	N	
Given obedience/training class information?	Y	N	

Adoption Comments/ Meet and Greet Notes:

Approved:	Denied/Cancelled: Date:	Discharge Date:	Amount Paid:	Amount Due At Pickup:
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