

Small Mammal Adoption Questionnaire

Name: _____
 Address: _____ Apt. #: _____
 City: _____ Postal Code: _____
 Phone #: _____
 E-mail: _____

FOR OFFICE USE:

P#: _____

Why do I need to provide my personal information before meeting an animal?

We request that any potential adopters fill out initial information before meeting an animal, so that our staff can better serve you and your needs. This information will help us place animals in new homes, and we ask for your cooperation in the exciting process of bringing your new pet to you.

ABOUT YOU and YOUR HOME

1. Please select the appropriate age category:

Under 18 18+ *Optional: Age* _____

2. What best describes your living environment?

House Apartment/Condo

Do you: Own Rent

3. In your house, number of residents/regular visitors:

Adults(18+): _____ Children: _____ Ages: _____

4. Are there other pets in your household? Yes No

5. Do you know how to introduce your pets this small pet?
 Yes No

6. Are you adopting this pet to bond to a current pet?
 Yes No

7. Are there any animal/seasonal allergies in your home?
 Yes No

PET CARE

8. Have you had this species before? Yes No

9. Were you the primary caregiver? Yes No

10. Is your home prepared for this small mammal? Yes No

11. Are you aware that small mammals do best in pairs?
(not Syrian hamsters) Yes No

12. Do you currently have an enclosure meeting our minimum size requirements?
 Yes No Unsure

13. What is the best diet for this species? (check all that apply)

Seed mix Veggies Timothy hay
 Alfalfa hay Pellets Rodent block

14. What is the best bedding material? (check all that apply)

Pine/Cedar shavings Aspen shavings Newspaper
 Recycled newspaper litter Carefresh/hamster bedding

15. How much out-of-cage time will your pet have each day?

10-20min 30-45min 1hr 2-4hrs 4+hrs

16. How much time do you expect to spend actively socializing your pet each day?

10-20min 30-45min 1hr 2-4hrs 4+hrs

17. What enrichment opportunities will you provide?

18. Do you intend to take your small mammal to a vet?

Yes No Only if sick

19. Do you currently have an exotics vet? Yes No

20. How much do you estimate it will cost to care for this animal each year? (incl. vet care, food, toys, supplies, etc.)

Under \$100 \$100 - \$250 \$250 - \$500
 \$500 - \$1000 \$1000+

21. Are you financially prepared to care for this animal?

Yes No Unsure

22. Are you interested in and prepared for a small mammal with current behavioural challenges? Yes No

23. How would you address unwanted behaviour?

TELL US WHAT YOU'RE LOOKING FOR

- Sex: Female Male No preference
- Age: Baby Young adult Adult Senior No preference
- Size: Small Medium Large Extra Large No preference

Type/Breed:

Personality:

IT IS VERY IMPORTANT FOR MY SMALL MAMMAL TO... (please check all that apply)

- Be friendly with children Be low maintenance Be active/playful
- Be friendly and outgoing Enjoy being held/pet Be quiet
- Be litter trained Be calm Be independent

WITH MY NEW SMALL MAMMAL, I WOULD LIKE TO... (please check all that apply)

- Relax and cuddle Play together Have them play with children
- Clicker train Watch them play with another animal/by themselves
- Other: _____

HOW FAMILIAR ARE YOU WITH THE FOLLOWING IN THIS SPECIES?

	Not very familiar	I have heard about this	I have dealt with this	I have extensive experience with this	I would Like some more info
Fearfulness/anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destruction of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating messes in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting/scratching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonding to another animal of the same species	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety proofing for this species	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order to keep you informed about important campaigns and to ask for support, we will from time to time telephone, email and send mail to you. If you would prefer not to receive phone calls, emails or mail please check this box

Applicant signature: _____

Date: _____

Thank you for completing this questionnaire.

The information provided will help us to find the best matches to your interests.