

Smallie Adoption Profile



STAFF USE ONLY	Next Steps:
Animal:	Over 18 _____ ID Verified _____

Date:

First Name	Last Name
Physical Address	Apt./Unit #
City	State Zip
<i>Mailing Address (if different)</i>	<i>Apt./Unit #</i>
<i>City</i>	<i>State</i> <i>Zip</i>
Home # ()	Cell # () Work # ()
Email	
<small>By providing your email you are consenting to receive communications from Pethealth, Inc. re: pet health insurance and microchip details</small>	

In terms of activity & noise, I would consider my household to be like...	a library	middle of the road/average	the Champlain Valley Fair
I have owned this type of animal before	YES	Not this type, but have owned other kind of small animal: _____ _____	NO
My new pet needs to get along with other animals	YES	NO	maybe
	List type(s) of animal(s), age & gender:		
My pet needs to be good with...	infants/toddlers young children	older children elderly people	adults everyone!
My pet will be kept...	inside	inside & outside	outside
I want my pet to enjoy being held	YES	NO	not important
I am comfortable working with behaviors such as play biting, being nervous/skittish and helping to train my pet to use a litterbox (if applicable)	YES	NO	maybe
It's most important to me that my pet...			
I could not tolerate a pet that...			
I would like to discuss or take home information on...			
<input type="checkbox"/> Housing/husbandry/supplies	<input type="checkbox"/> Enrichment/exercise	<input type="checkbox"/> Adrenal disease (ferrets only)	
<input type="checkbox"/> Dietary needs/nutrition	<input type="checkbox"/> Litter box training	<input type="checkbox"/> Finding a vet	
<input type="checkbox"/> Safe handling techniques	<input type="checkbox"/> Socializing shy/nervous pets	<input type="checkbox"/> Other:	
<input type="checkbox"/> Grooming/nail trimming/teeth	<input type="checkbox"/> Post spay/neuter instructions		
<input type="checkbox"/> Introducing new pet to current pets	<input type="checkbox"/> Upper Respiratory Infections (URI)		