



# FOOTHILLS ANIMAL SHELTER

## Critter Adoption Survey

Last Name:		First Name:	
Address:		Unit #:	
City:	State:	Zip Code:	
Home Phone: (      )		Secondary Phone: (      )	
Email (required for adoption):			

Are you over the age of 18?      Yes      No

There are \_\_\_\_ CHILDREN in my home. Their ages are \_\_\_\_\_

There are \_\_\_\_ ADULTS in my home.

There are \_\_\_\_ DOGS in my home.

There are \_\_\_\_ CATS in my home.

There are \_\_\_\_ OTHER ANIMALS in my home.

I currently live in a/an:   House      Apartment      Other: \_\_\_\_\_

Where will the small animal be housed? (Select all that apply.)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Outdoor hutch         | <input type="checkbox"/> Play pen    |
| <input type="checkbox"/> Free roaming in house | <input type="checkbox"/> Indoor cage |
| <input type="checkbox"/> Other: _____          |                                      |

Have you previously owned the species you are considering adopting today?

- ☐ Yes      ☐ No

Do you or anyone in your household have allergies to the following?

- ☐ Hay/Alfalfa      ☐ Bird Dander      ☐ Small animals

Why are you interested in adopting today?

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Companion for self | <input type="checkbox"/> For children | <input type="checkbox"/> Companion for current pet |
| <input type="checkbox"/> Classroom Pet      | <input type="checkbox"/> Breeding     | <input type="checkbox"/> Other: _____              |