

Failure to fully answer questions may cause a delay in your adoption process.



Last Name _____ Date of Birth _____
 Address _____ State _____ Zip _____
 Home Phone _____ Email _____
 Cell Phone _____

SMALL ANIMAL ADOPTER SURVEY (Please Print) _____ Date _____
 First Name _____ City _____
 Work Phone _____
 Date _____

| 1 | Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents <input type="checkbox"/> Other If renting, Landlord name _____ Phone# _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|--|--------------------------|--|--------------------------|--|------------------|--------------------------|----------------|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2 | Residence Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Duplex <input type="checkbox"/> Mobile Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | I am interested in adopted a: <input type="checkbox"/> Guinea Pig <input type="checkbox"/> Ferret <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | I plan on housing this animal: <input type="checkbox"/> Caged Indoors <input type="checkbox"/> Caged Outside <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | I plan on giving this pet time out of the cage: <input type="checkbox"/> Daily <input type="checkbox"/> 1 or 2 times weekly <input type="checkbox"/> Never <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | List current pets, pets owned in the last 5 years, and any other animals a new pet would need to get along with: <table border="1"> <thead> <tr> <th>Name</th> <th>Species/Breed</th> <th>Age</th> <th>Sex</th> <th>Sterilized (Y/N)</th> <th>Indoor/Outdoor</th> <th>Deceased (Y/N)</th> <th>If No, where living now?</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Name | Species/Breed | Age | Sex | Sterilized (Y/N) | Indoor/Outdoor | Deceased (Y/N) | If No, where living now? | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Species/Breed | Age | Sex | Sterilized (Y/N) | Indoor/Outdoor | Deceased (Y/N) | If No, where living now? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Are your pets up to date on vaccinations? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | What is the name of your veterinarian? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | My pet needs to get along with: <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | List members of your household and any other children or significant people your dog will interact with: <table border="1"> <thead> <tr> <th>Name</th> <th>Adult (Y/N) or Child's Age</th> <th>Lives in Household (Y/N)</th> <th>If No, Relationship or Anticipated Interaction</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Name | Adult (Y/N) or Child's Age | Lives in Household (Y/N) | If No, Relationship or Anticipated Interaction | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | |
| Name | Adult (Y/N) or Child's Age | Lives in Household (Y/N) | If No, Relationship or Anticipated Interaction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Is anyone in your family allergic to pets? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | My ideal pet would: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | How will you handle destructive behavior? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Under what circumstances would you return or give away this animal? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | How much do you think you'll spend yearly on pet care? (food, medical care, boarding, toys, etc...) \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

How did you find, hear or know about HSHV?

- | | |
|--|--|
| <input type="checkbox"/> Adopted before or used other HSHV service | <input type="checkbox"/> Internet-Google or other search |
| <input type="checkbox"/> Referred by friend or family | <input type="checkbox"/> Yellow pages or other advertising |
| <input type="checkbox"/> Am a donor or current/former volunteer | <input type="checkbox"/> Radio or TV |
| <input type="checkbox"/> Live close-by | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Internet-Petfinder | |

FOR STAFF USE: Adoption Counselor: _____
 Interested in adopting _____ Animal ID# _____



\$10 OFF

Your adoption fee at the Humane Society of Huron Valley!



3100 Cherry Hill Road | Ann Arbor, MI | 48105
(734) 662-5585 | www.hshv.org

Thank you for your interest in adopting a pet and saving a life. To show our appreciation we're offering you \$10 off any adoption at HSHV.

Thank you for your support!

Coupon must be presented with adoption application that was completed and printed before arriving to shelter.

Coupon valid until expiration date.

Expiration Date: December 31, 2012



50% OFF

Merchandise in HSHV's Paws to Shop retail store!



3100 Cherry Hill Road | Ann Arbor, MI | 48105
(734) 662-5585 | www.hshv.org

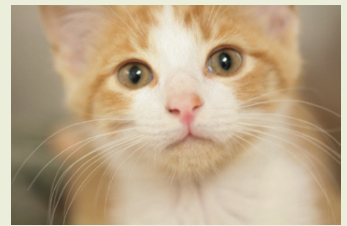
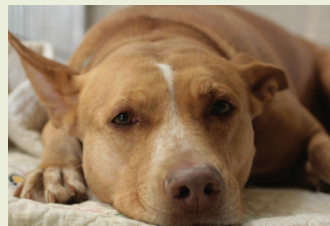
Thank you for adopting a pet and saving a life. To show our appreciation we're offering you 50% off animal items in HSHV's Paws to Shop retail store.

Discount excludes HSHV gear, books, and preventative.

Thank you for your support!

Coupon must be presented with adoption application that was completed and printed before arriving to shelter.

Coupon valid same day as adoption only.



\$10 OFF

New patient visit at the Humane Society of Huron Valley's Veterinary Clinic!



3100 Cherry Hill Road | Ann Arbor, MI | 48105
Shelter: (734) 662-5585 | Clinic: (734) 662-4365 | www.hshv.org

Thank you for your interest in supporting the homeless, abused and neglected animals in our community. To show our appreciation we're offering you \$10 off your new client visit at the Humane Society of Huron Valley's Veterinary Clinic.

Thank you for your support!

Coupon can be used in conjunction with the Discounted Health Exam.

Coupon valid until expiration date.

Expiration Date: April 30, 2012

