

SMALL ANIMAL ADOPTION SURVEY

Pet's Name: _____ Time: _____

Today's date: _____

We are thrilled you are considering adoption! In order to apply you must:

- Be at least 18 years of age
- Have consent of the entire household and/or landlord
- Understand that we want to find the right pet for your family and may suggest a different pet

Initial Screening Questions:

- | | | |
|--|-----|----|
| • Have you ever been accused or convicted of a crime involving animal abuse, neglect, cruelty, or domestic violence? | Yes | No |
| • Has anyone in the household in which a great plains pet will be fostered or adopted been accused or convicted of a crime involving animal abuse, neglect, cruelty, or domestic violence? | Yes | No |
| • Do you agree to present a current photo identification and consent to Great Plains SPCA running a background check as it deems necessary as a part of our adoption's screening process? | Yes | No |



GREAT PLAINS SPCA

Heroes for pets. Partners for life.

5424 Antioch Drive | Merriam, KS 66202

(913) 808-3335 | GreatPlainsSPCA.org

You and Your Household

Name: _____ Preferred Pronouns: _____

Street Address: _____

City/State: _____ Zip: _____

Phone 1: () _____ Phone 2: () _____

Email: _____ DL#: _____ DOB: _____

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 number: _____

Are you adopting this pet as a gift for someone? Yes No

Are there children who visit your home? Yes No

Has anyone ever threatened harm or harmed your pets? Yes No

Has anyone ever threatened harm or harmed you? Yes No

Do you feel safe going home? Yes No

Are there additional people living in the home?

Yes No If yes, please list the name(s) and date(s) of birth of each additional person living in the household on the next page of this form.

The Pet's Environment

Where would the pet stay:

Enclosure exclusively indoors

Enclosure exclusively outdoors

Outside only when supervised by me.

What behaviors or circumstances will you NOT tolerate in your new pet?

Litterbox problems (certain small animals)

Allergies

Health issues of animals

Vet costs more than \$ _____ per year

Other _____

Biting or scratching

Problems with other pets

Destructiveness

When you are not home, where will the animal stay? _____

When you are home, where will the animal be? _____

I hereby declare that all the information I have provided is true & correct. I am aware that missing or incomplete information, whether deliberate or the result of negligence may render any adoption with Great Plains SPCA null & void.

Signature: _____

Members of Your Household

Please list the first name, last name and date of birth, of each person residing in your household.

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

FOR ADOPTION ADVOCATE USE ONLY

Do you have any children (under 18) in your life that you would want to be around this pet? _____

Have you owned this type of pet in the past? _____

If you have owned in the past, what happened to them? _____

Are there any other pets in the home? If so, what are they? _____

What circumstances will you not tolerate? _____

What about this pet makes you want to adopt? _____

What research or knowledge do you have on this type of pet? _____

Would you like any information on training, housing, medical or feeding? _____

What kind of enclosure will this pet stay in? _____

Do you have any upcoming life-changes? If so, how do you plan to accommodate your pet during these changes?

ADDITIONAL NOTES:

--