



# SMALL ANIMAL ADOPTION QUESTIONNAIRE

Must be 18 years of age or older

Please complete the worksheet so that we can better assist you in finding a new best friend!

Our goal is to find the best home for every animal in the least amount of time. **THERE ARE NO HOLDS ON ANIMALS.**

NAME(S): \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHYSICAL ADDRESS (if different from mailing address): \_\_\_\_\_

EMAIL: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_  
(required for free pet insurance offer)

### Please tell us about the type of animal you are looking for (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> energetic        | <input type="checkbox"/> affectionate         | <input type="checkbox"/> likes other pets           |
| <input type="checkbox"/> lazy             | <input type="checkbox"/> goofball/playful     | <input type="checkbox"/> quiet & shy                |
| <input type="checkbox"/> outdoor animal   | <input type="checkbox"/> energetic            | <input type="checkbox"/> needs me/has special needs |
| <input type="checkbox"/> indoor animal    | <input type="checkbox"/> independent          | <input type="checkbox"/> mature/Senior              |
| <input type="checkbox"/> social butterfly | <input type="checkbox"/> likes small children |   |

### Tell us a little bit about yourself and your household including people who live with you, other pets, your lifestyle, and anything else you'd like us to know about you!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I/We** give permission for my/our veterinarian to release my/our pet's veterinary records, including vaccination history; heartworm/FIV/FELV testing, treatment, prevention; and illness/injury treatment.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

VET OFFICE: \_\_\_\_\_

PET NAME(S): \_\_\_\_\_

**Other** names/addresses vet records may be under: \_\_\_\_\_

\_\_\_\_\_

**I/We** give GMHS permission to contact my landlord (name) \_\_\_\_\_ at (phone) \_\_\_\_\_ to discuss any limitations or restrictions regarding pet adoption.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_