



Longmont Humane Society Small Mammal/Avian Adopter Survey

Today's Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____

Secondary Phone: (____) _____ - _____

E-mail address: _____

Have you adopted from Longmont Humane Society before?

Yes No

Type of dwelling: House Apartment

Mobile/Modular home Other _____

Do you: Own Rent

Landlord's name: _____

Landlord's phone: (____) _____ - _____

Do/have you owned pets in the past five years?

Yes No

Number and Ages of Children living in/frequently
visiting your home:

Number of Dogs currently at home: _____

Number of Cats currently at home: _____

Other Animals currently at home: _____

Have you brought a new pet in to your home within the
past year? Yes No

Type of animal _____

Have you previously owned an animal of this species?

Yes No

What do you plan to feed your new pet?

Will the animal's cage be located:

Inside Outside

What are the approx. dimensions?

Width _____ Depth _____ Weight _____

What is the material of the floor?

Solid Plastic Metal Wire Glass

Plastic Mesh Concrete Wood

What do you plan to place on the bottom of the cage for
bedding? _____

Will your new pet be housed with a current one, of same
species, at your home? Yes No

If you currently have a pet, who is your
veterinarian? _____

Staff Use Only

P#: _____ Name & Address Verification

Handouts

<input type="checkbox"/>	Rabbit Handout	<input type="checkbox"/>	Well Pet Clinic
<input type="checkbox"/>	Guinea Pig Handout	<input type="checkbox"/>	
<input type="checkbox"/>	Mouse Handout	<input type="checkbox"/>	
<input type="checkbox"/>	Gerbil Handout	<input type="checkbox"/>	
<input type="checkbox"/>	Hamster Handout	<input type="checkbox"/>	
<input type="checkbox"/>	SMAM Vets	<input type="checkbox"/>	
<input type="checkbox"/>	Surgery Instructions	<input type="checkbox"/>	
<input type="checkbox"/>	Photo Consent	<input type="checkbox"/>	
<input type="checkbox"/>	Pet as Gift	<input type="checkbox"/>	