

# Smallie Adoption Profile



<b>STAFF USE ONLY</b>	<b>Next Steps:</b>
<b>Animal:</b>	<b>Over 18</b> _____ <b>ID Verified</b> _____

Date:

<b>First Name</b>	<b>Last Name</b>
<b>Physical Address</b>	<b>Apt./Unit #</b>
<b>City</b>	<b>State</b> <b>Zip</b>
<i><b>Mailing Address (if different)</b></i>	<i><b>Apt./Unit #</b></i>
<b>City</b>	<b>State</b> <b>Zip</b>
<b>Home # (    )</b>	<b>Cell # (    )</b> <b>Work # (    )</b>
<b>Email</b>	
<small>By providing your email you are consenting to receive communications from Pethealth, Inc. re: pet health insurance and microchip details</small>	

<b>In terms of activity &amp; noise, I would consider my household to be like...</b>	a library	middle of the road/average	the Champlain Valley Fair
<b>I have owned this type of animal before</b>	YES	Not this type, but have owned other kind of small animal: _____ _____	NO
<b>My new pet needs to get along with other animals</b>	YES	NO	maybe
	List type(s) of animal(s), age & gender:		
<b>My pet needs to be good with...</b>	infants/toddlers young children	older children elderly people	adults everyone!
<b>My pet will be kept...</b>	inside	inside & outside	outside
<b>I want my pet to enjoy being held</b>	YES	NO	not important
<b>I am comfortable working with behaviors such as play biting, being nervous/skittish and helping to train my pet to use a litterbox (if applicable)</b>	YES	NO	maybe

It's *most important* to me that my pet...

I *could not* tolerate a pet that...

**We'd like to share your new pet's records with your vet!**

\_\_\_\_\_

*(name of vet/practice & town)*

**I would like to discuss or take home information on...**

<input type="checkbox"/> Housing/husbandry/supplies	<input type="checkbox"/> Enrichment/exercise	<input type="checkbox"/> Adrenal disease (ferrets only)
<input type="checkbox"/> Dietary needs/nutrition	<input type="checkbox"/> Litter box training	<input type="checkbox"/> Finding a vet
<input type="checkbox"/> Safe handling techniques	<input type="checkbox"/> Socializing shy/nervous pets	<input type="checkbox"/> Other:
<input type="checkbox"/> Grooming/nail trimming/teeth	<input type="checkbox"/> Post spay/neuter instructions	
<input type="checkbox"/> Introducing new pet to current pets	<input type="checkbox"/> Upper Respiratory Infections (URI)	