

# SPCA of Wake County Small Animal Survey



First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

**I want to keep my small animal primarily:**

Inside      Outside      Garage      Laundry Room      Other \_\_\_\_\_

**When I am not home, my small animal will spend his/her time:**

In a cage      Confined to one room      Loose in the house

**I have lived with a small animal before:**

Yes      No      Currently

**I want my small animal to love being with children in my home:**

Yes      No      Not important

It is most important to me that my small animal \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR STAFF USE:**

Adoption Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

The adopter is interested in adopting: \_\_\_\_\_ Animal ID# \_\_\_\_\_

ID: \_\_\_\_\_ DOB: \_\_\_\_\_ PID: \_\_\_\_\_