



Pocket Pet Adoption Survey Questions

After you fill out this form, **SAVE** the form and then attach the form to an email to pras-reunite@nnva.gov

Please Print Clearly:

Name: _____ **Date:** _____

Address: _____ **City** _____ **Zip** _____

Phone: _____ **Email:** _____

For each of these questions, please circle your response and write in any additional information.

1. Have you owned pocket pets before? **YES / NO** What type: _____
2. Do you own any pocket pets now? **YES / NO** Breeds/How many: _____
3. Do you have children that live in or visit the home often? **YES / NO** Ages: _____
4. Do you have dogs that live in the home? **YES / NO** How many: _____
5. Do you have cats that live in the home? **YES / NO** How many: _____
6. What type of enclosure/housing/cage will you have? _____
7. How important is it that your new pocket pet likes to be held/pet? _____
8. What type of pocket pet are you looking for?

LIKES TO BE LEFT ALONE / PLAYFUL / CAN BE TRAINED

9. Are you willing to learn about proper handling, toys/enrichment and dietary needs? **YES / NO**
10. Are you willing to provide veterinary care for your pocket pet when needed? **YES / NO**
11. It is most important to me that my new pocket pet: _____

Questions continued on the back

- 12. Are you over the age of 18? **YES / NO** (You have to be 18 or older to sign a contract)
- 13. Please list the full names of everyone in the household over the age of 18: _____

14. At what address will you and your adoptive pet live? _____

15. Do you **Own / Rent / Live with Friends or Relatives** at this address? (Check all that apply).

If you are not the owner of this address, please give the name, phone number and address of the landlord, rental company, management agency, owner or HOA office:

*If you rent or live under an HOA agreement, we need verification of the Landlord's/HOA's pet policy, allowing the type of pet you want to adopt **before** you can adopt.*

16. Which veterinarian do you use for your current pet(s) or which veterinarian do you plan to use for your new pet? _____

17. Do your current cats or dogs have a current Rabies vaccination? **YES / NO**

18. If you are active duty Military, a renter, or if you move frequently, what will be your arrangement for this pet when you are deployed, transferred, or move? (Ask us for resources for deploying military!) _____

19. Have you ever surrendered a pet? **YES / NO** If Yes, When and Why? _____

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I certify that the survey questionnaire and the above information is true to the best of my knowledge:

Adopter Signature

Adopter Print

OFFICE USE ONLY – PRECHECKS

- 1. Checked Person/Address in PetPoint _____
Initials
- 2. Google Map Address _____
Initials
- 3. Checked Lease (attached) _____ Official apartment website (binder) _____ Outgoing phone call (____)____ - _____
Initials Initials Initials

OFFICE USE ONLY – MEET & GREET

Meet and Greet _____	_____	_____	Meet and Greet _____	_____	_____
<small>Animal</small>	<small>Pager</small>	<small>Initial for Observation log</small>	<small>Animal</small>	<small>Pager</small>	<small>Initial for Observation log</small>
Meet and Greet _____	_____	_____	Meet and Greet _____	_____	_____
<small>Animal</small>	<small>Pager</small>	<small>Initial for Observation log</small>	<small>Animal</small>	<small>Pager</small>	<small>Initial for Observation log</small>

Animal Name Rabies Certificate expiration ___ / ___ **NOTES:** _____
Initials