



21001 MO-78 Highway, Independence, MO 64057 • PH: 816-325-7207 • Email: PetAdoptions@indepmo.org

Adoption Survey

Name(s):		Date	
Address:			
Phone:		Alt. Phone	
Email:			
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name/type of pet you are inquiring about?			
A shelter representative will contact you as soon as possible to provide information regarding the pet(s) you have listed above. What are the best times of day to reach you by phone?			
How would you describe your household? (check all that apply)			
Kids-please list ages:			
Baby on the way:			
Other dog(s):			
Other cat(s):			
Other pet(s):			
What energy level are you looking for in a new dog?		What energy level are you looking for in a new cat?	
High: needs lots of exercist, running, hiking,		Very active: kitten/young cat, lots of playtime!	
Medium: daily walks, moderate exercise.		Medium: enjoys playtime and long naps.	
Low: calm/mature/senior; yard time exercise.		Low: a calm, mature cat; senior; couch potato.	
What traits are you NOT willing to work with? Check all that apply.			
<input type="checkbox"/> Dislikes Cats <input type="checkbox"/> Dislikes Dogs <input type="checkbox"/> Dislikes Kids <input type="checkbox"/> Escape Artist <input type="checkbox"/> Scratches Furniture <input type="checkbox"/> Separation Anxiety <input type="checkbox"/> Jumping Up <input type="checkbox"/> Plays Rough <input type="checkbox"/> Biting <input type="checkbox"/> Excessive Vocalization <input type="checkbox"/> House training/litterbox issues <input type="checkbox"/> Other _____			
Where will your pet be kept...?			
During the Day			
At Night			
On average, how many hours will your pet spend alone daily?			
To expedite the adoption process, you may choose to provide the following information:			
Driver's License #:		Date of Birth	
Name and Phone Number for an Emergency Contact Person for the Microchip Registration:			