­

**ASPCA® Sample Post-Adoption   
Follow-Up Survey**

**Date of adoption**\* \_\_\_\_\_\_\_\_\_\_

**Adopter name**\*\_\_\_\_\_\_\_\_\_\_

**Adopter phone** #\*\_\_\_\_\_\_\_\_\_\_

**Animal name**\*\_\_\_\_\_\_\_\_\_\_  
*Formatting: Shelter name/New name*

**Animal ID** #\*\_\_\_\_\_\_\_\_\_\_

**Follow up attempt\***

* 2 day (1st attempt)
* 2 day (2nd attempt)
* 3 week (1st attempt)
* 3 week (2nd attempt)
* 3 month (1st attempt)
* 3 month (2nd attempt)
* Incoming call not associated with scheduled attempt

**Outcome of Follow up\****If "no longer has pet" is selected, you do not need to finish this form.*

* No answer
* No answer, left message
* Wrong number
* Number not in service
* Other - adopter not available
* Successful follow up
* No longer has pet
* Final attempt  
  *If this is the final 3-month attempt and no further follow-ups are needed, check*

**Date of next follow-up attempt**\*\_\_\_\_\_\_\_\_\_\_  
*If no answer, set for tomorrow for second attempt. The attempts are as follows: 2 days from adoption date, 3 weeks from adoption date, 3 months from adoption date.*

**Staff initials**\*\_\_\_\_\_\_\_\_\_\_

**How's the pet doing?**\*\_\_\_\_\_\_\_\_\_\_

Hello, this is \_\_\_\_\_\_\_ (your name) with\_\_\_\_\_\_\_ (organization name), I am calling to follow up after your recent adoption. How's \_\_\_\_\_\_\_ (animal’s name) doing since arriving home?

* Great! - adjusting well
* Pretty good - adjusting
* Neutral
* Poorly - not adjusting well
* Help needed - considering returning

**If "Other", please use this space** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you having any challenges?**\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Feel free to be conversational*

* No Challenges
* Aggression toward people (refer to Behavior)
* Animal to animal aggression
* Barking
* Destructive chewing
* Fear/Timidity
* Food guarding
* Furniture scratching
* Howling
* Inappropriate urination
* Meowing/yowling
* Mounting
* Mouthing/nipping in adult dogs
* Nipping puppies
* Reactivity
* Repetitive behavior
* Resource guarding
* Separation anxiety
* Whining
* Other

**Other challenges**

* Being physically handled (grooming/putting on collar)
* Crate training
* Escaping collar/leash/property
* Food pickiness
* Not affectionate
* Over arousal
* Poor manners
* Transport/travel
* Walking on leash/training

**Brief Description of Challenges**

**Awareness**\*

Were you aware of the challenge when you adopted \_\_\_\_\_, or has it developed since the adoption?

* Yes
* No
* No challenges

**If medical concern - recommendation**\*

* No Medical Concerns
* Basic care questions
* Medical concern - monitor at home
* Medical concern - schedule at shelter vet
* Medical concern - schedule at alternative vet

**What do you enjoy most about** \_\_\_\_\_\_\_\_\_\_\_\_\_\_?\*

* Positive comments
* Negative comments/"Nothing"
* Other
* Provided links to behavior sites
* Emailed Behavior team about the behavioral issues

**If escalated to Behavior previously, ask whether this additional support helped keep the pet in the home**

* Yes
* Somewhat
* No

**Closing**

Thank you for taking a few mins to talk with us today. Please save this number on your phone; we plan to follow up with you in 3 weeks and 3 months post-adoption. If you need any more assistance between now and the next follow up, please call us at XXX-XXX-XXXX. Have a great day!

Additional notes or comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Opt out of future calls**

**Alt contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*If they would prefer we use a different number than the one on file. Texting is not available at this time but may be in the future.*

​