Animal ID # ________________ (Office use only)  Date________________

Small Animal Background Information For: ________________________________  
(Animal’s Name)

To better help us place your critter in another home, please answer the following questions as best as you can. Thank you.

Why are you surrendering your pet? ____________________________________________________________________________

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
<th>Unknown</th>
<th>Breed</th>
</tr>
</thead>
</table>

Where did you acquire this pet?
- □ This Humane Society
- □ Another Shelter
- □ Breeder
- □ Pet Shop
- □ Rescue Group
- □ Friend/Relative
- □ Newspaper
- □ Found/Stray
- □ Born at Home
- □ Other ________

How long has this pet lived with you? ________________________________

Where does this pet live? □ Inside only  □ Inside/Outside  □ Outside Only

Which words describe this pet? (Check all that apply)
- □ Playful
- □ Active
- □ Aggressive
- □ Laid Back
- □ Independent
- □ Friendly
- □ Shy
- □ Other (please describe) ________________________________

This animal is accustomed to (Check all that apply)
- □ Being held
- □ Nail clipping
- □ Ear cleaning
- □ Brushing/combing
- □ Bathing

Who has lived with your pet?
- □ Men
- □ Women
- □ Children 8 years and younger
- □ Children 9 years and older

How would you describe your household?
- □ Active
- □ Noisy
- □ Quiet
- □ Average

How would you describe this pet’s behavior around children? (check all that apply)
- □ Friendly
- □ Shy
- □ Playful
- □ Too much for small children
- □ Tolerant
- □ Afraid
- □ Never been with children

How does this pet react to visitors?
- □ Scared
- □ Hides
- □ Friendly
- □ Shy
- □ Playful
- □ Tolerant
- □ Other (please explain) ____________

Approximately how many hours a day was this pet out of its cage?
- □ Not at all
- □ 0-4 hours
- □ 4-8 hours
- □ 8-12 hours
- □ 12 or more hours

Is this pet (if rabbit or ferret) litter box trained? □ Yes  □ No

If yes, when out of its cage, how often does it have accidents in the house?
- □ All the time
- □ Once a day
- □ Once a week
- □ Never
What other animals has your pet lived with? (Check all that apply)

- Other small animal  - Dogs  - Cats  - Other ________________________________

Did they get along?  - Yes  - No
If no, please describe interactions as best as possible. ____________________________

What type of food does your pet eat? (Check all that apply)

- Pellets: Brand-__________________  - Fruits/veggies: Favorites-__________________  - Hay

When is this pet fed?  - AM  - PM  - Free feed

Has this pet ever bitten anyone?  - Yes  - No
If yes, please describe encounter as best as possible. ____________________________

How does this pet like to be petted? ____________________________________________

Where does this pet NOT like to be petted? ______________________________________

Is this pet frightened of anything? ______________________________________________

Does this pet have any favorite toys? ____________________________________________

Does this pet have any old injuries or health issues?  - Yes  - No
If yes, please describe as best as possible. _______________________________________

Does this pet need any medication or special diet?  - Yes  - No
If yes, please describe as best as possible. _______________________________________

Does this pet have any bad habits the new owners should be aware of?  - Yes  - No
If yes, please describe as best as possible. _______________________________________

Is there anything else we should know about this pet? ______________________________

____________________________________________________________________________

____________________________________________________________________________

Thank you for your time and cooperation. Please let an employee know how you would like to help the many homeless animals in our care:

- $2  - $5  - $10  - $25  - $50  - Other __________

Intake personnel initials: __________