

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? _____

Age _____ Sex Male Female Unknown Breed _____

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: _____