SMALL ANIMAL OWNER SURRENDER QUESTIONNAIRE

Case #____________ Name of animal _______________________________ Type of animal: ______________

Completing the information below will help us get to know your pet better.

Reason for surrendering this animal: ______________________________________________________________

How long have you had this animal? _______ Where did you get this animal? ______________________________________

Animal is litter trained______ What type of litter did you use? __________________________________________

This animal lives: Exclusively indoors:_____ Indoor/outdoor:_____ Exclusively outdoors:_____

What type of cage does animal live in?________________________________________ How many hours caged daily_______

This animal has lived in the same household with: Cats_____ Dogs_____ Birds_____ Rodents_____ Birds_____ Other small animals____ Type_____________________ Children_____ Ages of children________________

How did this animal get along with all of the above? __________________________________________________

________________________________________________________________________________________

Circle as many of the following that describe this animal’s behavior and habits:

Chews Outgoing/friendly Playful
Plays with toys Likes treats Likes being held
Nips/bites playfully Fights w/small animals Loud
Likes being groomed Feisty/active Independent
Shy of strangers Walks on leash Escapes

Animal’s diet: Type of food given:______________________________________ Brand of food____________________

Animal’s feeding time is: AM_____ PM_____ Throughout the day_______

Has this animal ever bitten:_____ If yes, when/why: ________________________________

Does this animal have any health concerns: __________________________________________

What veterinary clinic did this animal go to: __________________________________________

Is there anything else we should know about this animal?________________________________________

_______________________________________________________________________________________