Date: __________

What kind of animal are you surrendering? _______________________

Part 1: Household History
1) Small Animal’s name: __________ Age? ______ yrs. ______ mos.
2) How long have you had your small animal? ______ yrs. ______ mos.
3) Why are you giving up this small animal?
_______________________________________________________________
4) What would have to happen for you to keep this small animal?
_______________________________________________

5) Where did you acquire your small animal? Animal Rescue League Other Animal Shelter Friend/Relative
Newspaper Found/Stray Breeder Pet Store Gift Own Litter Other_____________________

6) Please describe your household: Quiet Active Noisy

7) Please list the ages of household members your small animal has lived with:
Men________________________ Women________________ Children_________________________

8) Who was the primary caretaker for your small animal? _______________________

9) How did your small animal react when outside the cage to people?
Friendly/Approaches Playful Afraid/Runs Away Ignores Bites No men in household

10) How did your small animal react when inside her cage to people?
Friendly/Approaches Playful Afraid/Runs Away Ignores Bites No men in household

11) What other animals did your small animal live with?
No other animals in household Dogs #____ Breed_________________ Cats #__ Other____________________

12) What was the small animal’s reaction to the other animals in your household?
Ignores Approaches Afraid/Runs away No contact with other animals in household

Part 2: Small Animal’s Cage History
1) Where is the small animal’s cage located? __________

2) How large is your small animal’s cage?

3) What type of caging did you use?
Wire cage with wire flooring Wire cage with levels Plastic bottomed
wire cage Glass Aquarium Other _______________

4) What type of litter did you use?
Cedar shavings Pine Shavings Carefresh Shredded Paper
Wood Pellets Kitty Litter Other: _________________________
Part 3: Small Animal’s Behavior History

1) How much out-of-cage time does your small animal get daily? _______________

2) Does your small animal like to be held?   Yes  Tolerates  No, Struggles  No, Scratches or Bites

3) What type of socializing did you do with your small animal?  Frequent Handling  Exercise ball  Sitting with family during daily activities  Other: __________________________________________

4) How does your small animal respond to children?  Friendly  Playful  Afraid/Runs Away  Ignores Bites  Never sees children

5) Is your small animal accustomed to:  Bathing  Brushing  Nail trimming  Teeth cleaning  Medicating

Part 4: Small Animal’s Medical History

1) Did your small animal see a veterinarian on a regular basis?   Yes  No
   If yes, what is your vet hospital’s name? __________________________________________

2) Does your small animal have any past or present medical conditions?  Yes  No
   If yes, what are they? __________________________________________________________

3) Is your small animal currently on any medications or special diets?  __________________________________________

4) Is your small animal spayed or neutered?   Yes  No  If yes, how long ago? __________

Part 5: Additional Information

This small animal would do well in a home with the following:

   **Kids:**  Of any age  Ages 5 and over  Ages 9 and over  Ages 14 and over  No kids at all

   **Other Animals:**  With Any  Cats only  Dogs only  No dogs  No cats  With None  Other__________

   **Visitors:**  Many visitors  Few visitors  No visitors

   **Someone home:**  All day  Most of the day  In the mornings and evenings

Part 6: Please feel free to tell us any additional helpful information

By signing below, I certify that all information given is accurate and truthful to the best of my knowledge.

   Signature:  __________________________________________

   Print Name:  __________________________________________

   Date:  __________________________________________

Edited 12/1/11