

ANIMAL
RESCUE
LEAGUE
of BOSTON



Animal Rescue League of Boston

MISCELLANEOUS SMALL ANIMAL INTAKE PROFILE

Please fill this out so we can find the best home for your small animal!

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 of 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 animals 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: _____