



## Small Animal Surrender Information & Profile

### Pet Information

\_\_\_\_\_  
Pet Name

\_\_\_\_\_  
Species

\_\_\_\_\_  
Breed

\_\_\_\_\_  
Color

\_\_\_\_\_  
Age / DOB

Sex:  Male  
 Female  
 Spayed/Neutered

### Surrender Reason

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abandoned               | <input type="checkbox"/> DVAP                     | <input type="checkbox"/> Inadequate Housing / Yard |
| <input type="checkbox"/> Aggression              | <input type="checkbox"/> Financial reasons        | <input type="checkbox"/> Landlord Issues           |
| <input type="checkbox"/> Allergic to Animal      | <input type="checkbox"/> Found - Cannot Keep      | <input type="checkbox"/> Moving                    |
| <input type="checkbox"/> Behavior Issues         | <input type="checkbox"/> Health of Animal         | <input type="checkbox"/> Not Enough Time           |
| <input type="checkbox"/> Change in Lifestyle     | <input type="checkbox"/> Health of Owner / Family | <input type="checkbox"/> Personal Problems         |
| <input type="checkbox"/> Death of Owner / Family | <input type="checkbox"/> High prey drive          | <input type="checkbox"/> Too Many Animals          |

Surrender Fee \$\_\_\_\_\_

### Owner Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Alternate Phone #

\_\_\_\_\_  
Email Address



## Small Companion Animal Surrender Profile

### Owner Information

No one knows and loves your pet the way you do. In order to help us find the most appropriate home for your pet, please provide us with as much information as possible about his/her history, past veterinary care, likes, dislikes, quirks and behavior. Behavior and medical issues do not necessarily create problems, but failing to disclose them certainly does. This information may be shared with potential and actual adopters of your pet. Please sign and date the form at the bottom of this page. Thank you.

By signing this agreement, I hereby affirm that I have answered each of these questions to the best of my knowledge and as truthfully as possible. I further certify that I am the guardian, or have the authority to surrender the small animal referenced in the following information. I hereby relinquish all rights of ownership, including any right to information regarding final disposition, of the pet described herein in favor of the Greenhill Humane Society, and agree that the animal described herein may be disposed at the sole discretion of the Greenhill Humane Society.

\_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature

**Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_



Interviewer \_\_\_\_\_

## Small Companion Animal Surrender Profile

### GENERAL INFORMATION

Type of companion animal:

Rabbit     Guinea Pig     Hamster     Gerbil     Rat     Other \_\_\_\_\_

Pet's Name \_\_\_\_\_ Fur Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male     Female     Spayed or Neutered

Could your female pet be pregnant?     Yes     No

### HISTORY

- Why are you surrendering your pet? \_\_\_\_\_
- How long have you had this pet? \_\_\_\_\_
- Including yours, how many homes has this pet had? \_\_\_\_\_
- Where did you acquire this pet? \_\_\_\_\_
- Has this pet bitten or seriously scratched anyone? If yes, when \_\_\_\_\_

### MEDICAL HISTORY

- Has your pet been seen by a veterinarian in the last year?     Yes     No

If yes, for what reason: \_\_\_\_\_

Veterinarian and Clinic: \_\_\_\_\_

- Has the pet been diagnosed with and/or treated for any of the following? (Check all that apply)

Respiratory     Skin/coat     Eye problem     Dental problem  
 Digestive     Broken bones     Ear problems     Stasis

Surgery \_\_\_\_\_ Other \_\_\_\_\_

- Comments on any health conditions \_\_\_\_\_

- What did this pet's diet consist of:     Pellets     Hay     Veggies     Fruits     Other \_\_\_\_\_

- What are your pet's favorite foods? \_\_\_\_\_

- For guinea pigs, has pet been given Vitamin C?     Yes     No



If yes, what form of Vitamin C:  Powdered  Liquid  Chewable  Other \_\_\_\_\_

- For rabbit, does pet drink water from:  Water bottle  Water bowl

## PERSONALITY

- How would you describe your pet most of the time? (Check all that apply)

Very Active  Moderately Active  Not Active  Shy  
 Friendly  Playful  Affectionate  Other \_\_\_\_\_

## BEHAVIOR ISSUES

- Can this animal be handled? \_\_\_\_\_

- Will this animal sit on a lap? \_\_\_\_\_

- Check all problems that apply:

Nipping  Biting  Kicking  Scratching  Urine Spraying  
 Cage Territorial  Chewing  Digging  Escape Artist  Aggressive

Other: \_\_\_\_\_

## LIFESTYLE AND HOME LIFE

- Litter box trained:  Yes  No  Does not have a litter box, but always uses corner of cage

- How does your pet react to: Grooming \_\_\_\_\_ Nail trim \_\_\_\_\_

- What are your pet's favorite toys, games, and activities: \_\_\_\_\_

- Where does the pet live? (Check all that apply)

Indoors only  Indoors & outdoors  Outdoors only  
 House  Garage or basement  Barn or shed  Other \_\_\_\_\_

- What type of housing did you use?  Pet Cage  Hutch  Free Roam  Other \_\_\_\_\_

- What type of litter or bedding did you use? \_\_\_\_\_

- How many hours per day is the pet out of a cage? \_\_\_\_\_

- How often is the pet handled? \_\_\_\_\_ Is he/she well socialized?  Yes  No

- This pet has had positive interactions with:  Cats  Dogs  Rabbits  Guinea Pigs

- Has this pet lived with children?  Yes  No

- If yes, indicate what ages of children:  0 - 3 yrs.  4 - 7 yrs.  - 11 yrs.  12 - 18 yrs.

- Is pet comfortable around children:  Yes  No

- Any other comments about your pet: \_\_\_\_\_