

SMALL COMPANION ANIMAL SURRENDER PROFILE

Greenhill



Humane Society, SPCA
Loving Animals Since 1944

Fee Due _____

OWNER INFORMATION

Name _____ Day Phone: _____

Home Phone: _____

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.

Print Name

Signature

Date

Appointment date: _____

Time: _____



Interviewer: _____

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GENERAL INFORMATION

Type of Companion Animal: Rabbit Guinea Pig Rat Hamster Gerbil Other _____

Pet's Name _____

Breed _____ Age _____ Sex _____ Spayed/Neutered? _____

Could your female pet be pregnant? _____

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 problem

Surgery _____ Other _____

Has this pet ever had a litter? YES NO

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? _____

PERSONALITY

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

- Very active Friendly Playful Affectionate
 Not active Shy Reserved Withdrawn
 Aggressive Other: _____

BEHAVIOR PROBLEMS

Check all problems that apply:

- Not housetrained Not interactive Biting
 Chewing Digging Escape Artist
 Shy Fearful Other: _____

LIFESTYLE AND HOME LIFE

Litter box trained YES NO Does not have litter box, but always uses corner of cage

How does your pet react to: Grooming _____ Nail trim _____

Is your pet leash trained? YES NO

What are your pet's favorite toys, games, and activities: _____

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

- Indoors & outdoors Outdoors only Indoors only
 Garage or basement Barn or shed Other _____

Where does the pet sleep at night? Indoors Outdoors

What type of housing did you use? Pet Cage Hutch Free Roam Other _____

What type of 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? _____

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

Has this pet regularly been around children? YES NO

If yes, indicate what ages of children: 0 -3 years 4 -7 years 8 - 11 years 12 - 18 years