



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:** _____



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/Neutered Pregnant

HISTORY

- Why are you surrendering your pet? _____
- How long have you had this pet? _____ 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 Vet/Clinic _____
If yes, for what reason: _____
- 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 current health conditions _____
- What did this pet's diet consist of: Pellets Hay Veggies Fruits
 Other _____ 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 rabbits**, does pet drink water from: Water bottle Water bowl

PERSONALITY

- How would you describe your pet most of the time? (Check all that apply)
 Not Active
 Moderately Active Shy Playful
 Very Active Friendly Affectionate Other _____



BEHAVIOR ISSUES

- Can your pet be handled? Yes No
 - Does this animal bite kick scratch when handled (check all that apply)
 - Will your pet sit on a lap? Yes No
 - For a short time medium time long time
 - Check all problem behaviors that apply:

<input type="checkbox"/> Nipping	<input type="checkbox"/> Kicking	<input type="checkbox"/> Chewing	<input type="checkbox"/> Urine Spraying	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Biting	<input type="checkbox"/> Scratching	<input type="checkbox"/> Digging	<input type="checkbox"/> Escape Artist	<input type="checkbox"/> Cage Territorial
- Other: _____

LIFESTYLE AND HOME LIFE

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

Grooming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Nail Trims	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
 - What are your pet's favorite toys, games, and activities: _____
 - Where does the pet live? (Check all that apply)

<input type="checkbox"/> Indoors only	<input type="checkbox"/> Indoors & outdoors	<input type="checkbox"/> Outdoors only
<input type="checkbox"/> House	<input type="checkbox"/> Garage or basement	<input type="checkbox"/> Barn or shed
<input type="checkbox"/> Other _____		
 - What type of housing did you use? Pet Cage Pen Free Roam Hutch Other _____
 - What type of litter or bedding did you use? _____
 - How often is your pet allowed out of his/her cage?

<input type="checkbox"/> Multiple times per day	<input type="checkbox"/> Multiple times per week	<input type="checkbox"/> Less than weekly
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Other
 - How often is your pet handled? _____

<input type="checkbox"/> Multiple times per day	<input type="checkbox"/> Multiple times per week	<input type="checkbox"/> Less than weekly
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Other
 - 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 - 5 yrs 6 - 11 yrs 12 - 18 yrs
 - Is pet comfortable around children: Yes No
 - Any other comments about your pet: _____
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