



# SMALL MAMMAL SURRENDER PROFILE

Date of Surrender \_\_\_\_\_

Animal ID# (Staff Only) \_\_\_\_\_

Pet's Name \_\_\_\_\_

Pet's Age \_\_\_\_\_

Species/Breed \_\_\_\_\_

Sex:  Male  Female  Unknown

Spayed/Neutered:  Yes  No  Unsure

De-scented:  Yes  No  Unsure

How long have you owned this animal? \_\_\_\_\_

Where did you get this animals?

- Breeder  Pet Shop  The Anti-Cruelty Society  Other Shelter/Rescue  
 Found  Family/Acquaintance  Private Owner Online  Offspring from your pet  
 Abandoned  Other \_\_\_\_\_

If from another shelter or rescue, please provide the name and phone number of the organization:

\_\_\_\_\_

Why are you surrendering your pet? \_\_\_\_\_

Have you ever taken your pet to the vet?  Yes  No

If yes, what care was provided? Please provide medical records.

\_\_\_\_\_

\_\_\_\_\_

Does your pet have any long-term/chronic medical conditions?  Yes  No  Unsure

If yes, please list any known conditions and what medications/treatments have been prescribed by the vet.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any recent/current medical conditions your pet has experienced.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you noticed any of the following conditions in your pet recently?

- |  |   |
|--|---|
| <input type="checkbox"/> Coughing, sneezing or nasal discharge           | <input type="checkbox"/> Vomiting                                 |
| <input type="checkbox"/> Loose stool/Diarrhea                            | <input type="checkbox"/> Bloody Stool                             |
| <input type="checkbox"/> Worms in stool                                  | <input type="checkbox"/> Rashes/Hot spot or Itchiness             |
| <input type="checkbox"/> Hair Loss                                       | <input type="checkbox"/> Head shaking or scratching ears          |
| <input type="checkbox"/> Bugs (fleas, ticks, maggots, etc.) on skin/coat | <input type="checkbox"/> Lameness/Limping                         |
| <input type="checkbox"/> Pain/Sensitivity to touch                       | <input type="checkbox"/> Open or Recently healed wounds           |
| <input type="checkbox"/> Eye injury, sensitivity, or discharge           | <input type="checkbox"/> Loss of appetite and/or reduced activity |
| <input type="checkbox"/> Abnormal weight loss                            | <input type="checkbox"/> Masses/Tumors                            |
| <input type="checkbox"/> None of the above                               |   |
| <input type="checkbox"/> Other _____                                     |   |

Please list any allergies/sensitivities your pet has. (Plants, food, seasonal, medications, vaccinations, etc.)

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Please list any medications your pet is currently taking. Please bring medications to your appointment.

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Who in your family was responsible for the primary care of your pet?

- Adults (18+)     Teens (13 - 17)     Children (12 or younger)

On average, how often was your pet handled by humans?

- Never     Daily     Weekly     Bi-Weekly  
 Monthly     Rarely handled

What type of enclosure was your pet kept in?

- None/Free roam     Single level cage     Multi-level cage     Hutch indoors  
 Hutch Outdoors     Play pen     Crate     Designated room  
 Habitrail/Tunnel Cage     Aquarium     Aquarium with wire topper  
 Other \_\_\_\_\_

Please provide the approximate dimensions of the animal's enclosure: \_\_\_\_\_

On average, how often was your pet allowed out of his/her enclosure?

- Never     Less than 2 hours daily     2-4 hours daily     4-8 hours daily  
 8-12 hours daily     A few times per week     Only during cleaning  
 Only in enclosure overnight     Free Roaming

What did your pet do when allowed to out of its enclosure?

- Chewed furniture, walls or floors     Chewed wires     Hid  
 Sought out family members     Stole items     Played  
 Slept     N/A  
 Other \_\_\_\_\_

Was your pet ever allowed outdoors?

- Never                       On Leash                       In a pen                       In yard  
 Lived in an outdoor enclosure part-time                       Lived in an outdoor enclosure full-time  
 Other \_\_\_\_\_

What contact has your pet had with other small animals in the time you've owned him/her?

- Housed with un-sexed litter mate(s)                       Housed with male(s) of the same species  
 Housed with female(s) of the same species                       Recently nursing a litter  
 Housed with/near different species of small animal  
 None                       Other \_\_\_\_\_

How long ago was your pet in contact with other small animals?

\_\_\_\_\_  
\_\_\_\_\_

What type of food did you feed your pet?

- Pellets                       Nutrition Blocks                       Fresh Fruits/Vegetables                       Timothy Hay  
 Alfalfa Hay                       Cat Food                       Dog Food                       Seeds/Corn  
 Other \_\_\_\_\_

What brand(s) of food do you feed your pet?

\_\_\_\_\_  
\_\_\_\_\_

What types of treats do you feed your pet?

\_\_\_\_\_  
\_\_\_\_\_

Was hay provided daily?                       Yes                       No

What type of bedding do you use for your pet?

- None                       Cedar Chips                       Pine Shavings                       Shredded Paper  
 "Fluff" Bedding                       Newspaper                       Cloth                       Hay/Straw  
 Other \_\_\_\_\_

Is your pet litter box trained?                       Yes                       No

What type of litter do you use for your pet?

- None                       Cedar Chips                       Pine Shavings                       Shredded Paper  
 Fluff Bedding                       Newspaper                       Hay/Straw                       Clay Litter                       Pellet Litter  
 Other \_\_\_\_\_

Has your pet lived with cats?  Yes  No

How did he/she behave with them?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> N/A                      | <input type="checkbox"/> Approached/sought attention from | <input type="checkbox"/> Played with       |
| <input type="checkbox"/> Ignored/did not interact | <input type="checkbox"/> Avoided/ran away from            | <input type="checkbox"/> Stomped hind legs |
| <input type="checkbox"/> Grunted                  | <input type="checkbox"/> Tolerated/allowed handling       | <input type="checkbox"/> Bit               |
| <input type="checkbox"/> Other _____              |   |  |

Has your pet lived with dogs?

How did he/she behave with them?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> N/A                      | <input type="checkbox"/> Approached/sought attention from | <input type="checkbox"/> Played with       |
| <input type="checkbox"/> Ignored/did not interact | <input type="checkbox"/> Avoided/ran away from            | <input type="checkbox"/> Stomped hind legs |
| <input type="checkbox"/> Grunted                  | <input type="checkbox"/> Tolerated/allowed handling       | <input type="checkbox"/> Bit               |
| <input type="checkbox"/> Other _____              |   |  |

Has your pet lived with children?  Yes  No

How did he/she behave with them?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> N/A                      | <input type="checkbox"/> Approached/sought attention from | <input type="checkbox"/> Played with       |
| <input type="checkbox"/> Ignored/did not interact | <input type="checkbox"/> Avoided/ran away from            | <input type="checkbox"/> Stomped hind legs |
| <input type="checkbox"/> Grunted                  | <input type="checkbox"/> Tolerated/allowed handling       | <input type="checkbox"/> Bit               |
| <input type="checkbox"/> Other _____              |   |  |

How did your pet behave with strangers?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Never Met                | <input type="checkbox"/> Approached/sought attention from | <input type="checkbox"/> Played with       |
| <input type="checkbox"/> Ignored/did not interact | <input type="checkbox"/> Avoided/ran away from            | <input type="checkbox"/> Stomped hind legs |
| <input type="checkbox"/> Grunted                  | <input type="checkbox"/> Tolerated/Allowed Handling       | <input type="checkbox"/> Bit               |
| <input type="checkbox"/> Other _____              |   |  |

How does your pet react to being picked up?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Struggles until release     | <input type="checkbox"/> Struggles at first then relaxes | <input type="checkbox"/> Tense, but allows          |
| <input type="checkbox"/> Allows/Relaxes in your arms | <input type="checkbox"/> Climbs up clothing              | <input type="checkbox"/> Burrows/Hides in clothing  |
| <input type="checkbox"/> Jumps out of your arms      | <input type="checkbox"/> Vocalizes (Squeals, grunts...)  | <input type="checkbox"/> Runs away when reached for |
| <input type="checkbox"/> Kicks/Scratches             | <input type="checkbox"/> Bites                           | <input type="checkbox"/> Pees and/or poops          |
| <input type="checkbox"/> Other _____                 |  |   |

What type of grooming have you performed on your pet?

- |                                    |                                      |                                     |                                       |   |
|------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Brushing  | <input type="checkbox"/> Bathing     | <input type="checkbox"/> Nail Trims | <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Tooth Trimming |
| <input type="checkbox"/> Dust Bath | <input type="checkbox"/> Other _____ |                                     |                                       |   |

Please tell us anything else you would like us to know about your pet:

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