Small Animal Intake Questionnaire

Your Name ______________________________________ Phone Number ______________________________________

Pet’s Name____________________________________ Age_____ Sex______ Breed_________________________

What is the reason you are surrendering your small animal? ________________________________________________

Where did you get the small animal? __________________________ How long have you had the animal? ___________

Any known medical concerns? ________________________________________________________________________

Has the small animal ever been to a vet? Y / N Veterinary Clinic __________________________________________

Please list the animals in your home __________________________________________________________________

If the animal interacts with other pets, how does that go? _________________________________________________

Does the small animal have any history of aggression? Y / N Towards Whom? _________________________________

Has the animal ever bitten and broken skin? ______________________________________________________________

How does the animal act when handled? _________________________________________________________________

How has the animal been housed? Any special needs? ______________________________________________________

What does the small animal eat? ____________________________ How often? ________________________________

What does the animal eat from? ___________________________ Drink from? ________________________________

What do you like best about the animal? __________________________________________________________________

Is there anything that makes the animal hard to own? ______________________________________________________

May we contact you if needed? Y / N

Do you want to reclaim the small animal if he/she is not an adoption candidate? Y / N

Please list any other information below: