



# Bucks County Society for the Prevention of Cruelty to Animals

AN INDEPENDENT NON-PROFIT ORGANIZATION  
CHARTERED DECEMBER 18, 1912 BY THE COMMONWEALTH OF PENNSYLVANIA  
WWW.BCSPCA.ORG

## 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:**