



# SPCA Serving Erie County

## Small Animal Surrender Profile

Date: \_\_\_\_\_ Shelter Animal ID# \_\_\_\_\_

*Please take as much time as you need to fill out this form as accurately and honestly as possible. This information will help us match your small animal with his/her forever family. The more information you are able to provide, the quicker your small animal may be adopted. Any dishonest or false information can lead to the new owner returning the pet causing undo stress to the animal. Thank you.*

PLEASE PRINT CLEARLY

### GENERAL INFORMATION:

Type of companion animal:

Rabbit     Guinea Pig     Ferret     Gerbil     Rat     Other: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Fur Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male     Female

Is your animal spayed/neutered:  Yes     No

### HISTORY:

1.) Why are you surrendering your pet? \_\_\_\_\_

2.) How long have you had this pet? \_\_\_\_\_

3.) Please list the ages and sex of the people this animal has lived with: \_\_\_\_\_

a. Is the animal comfortable around children?  Yes     No

Explain: \_\_\_\_\_

4.) Please tell us what other animals this pet has lived with and the numbers of them: \_\_\_\_\_

### MEDICAL HISTORY:

1.) Has your pet been seen by a veterinarian in the last year?  Yes     No

What veterinary facility? \_\_\_\_\_

2.) Has the pet been diagnosed with and/or treated for any of the following issues (check all that apply)

Respiratory problems     Skin/Coat issues     Eye problems     Ear problems

Dental problems     Broken bones     Other: \_\_\_\_\_

Surgery (explain) \_\_\_\_\_

## BEHAVIOR/PERSONALITY

- 1.) **Check any behavior problems that apply:**  Nipping  Biting  Kicking  Scratching  
 Urine spraying  Chewing  Digging  Escape artist  Aggression  Cage territorial
- 2.) **Does your pet drink from a:**  water bottle  water bowl  both
- 3.) **Size of cage (suggested the pet come with their cage)**\_\_\_\_\_
- 4.) **Is pets cage covered at night**\_\_\_\_\_
- 5.) **Does pet like to take baths or be sprayed**\_\_\_\_\_
- 6.) **Did your small animal regularly spend time out of his/her cage?:**  Yes  No
  - a. **If yes, how often?**  Several hours a day  Several times a week  
 An hour or less a day  Rarely or never
- 7.) **How often do you handle or physically interact with this animals?**\_\_\_\_\_
- 8.) **How is the animal's temperament?**  Friendly  Shy  Independent  Fearful  
Explain:\_\_\_\_\_
- 9.) **If the animal is a ferret or rabbit, is it litter box trained?**  Yes  No  N/A
  - a. **If yes, how often is the litter box changed?**\_\_\_\_\_
- 10.) **How often is the cage cleaned?**\_\_\_\_\_ **Was there aggression while cleaning?**  Yes  No
- 11.) **Does the animal play with toys?**  Yes  No **If yes, what kind?**\_\_\_\_\_
- 12.) **Likes**\_\_\_\_\_
- 13.) **Dislikes**\_\_\_\_\_
- 14.) **Vocabulary(Birds)**\_\_\_\_\_

## DIETARY

- 1.) **What does your pet's diet consist of?** Check all that apply:  
 Pellets  Hay  Veggies  Fruits  Other:\_\_\_\_\_
- 2.) **Product name**\_\_\_\_\_
- 3.) **What are your pet's favorite foods?**\_\_\_\_\_

Please list any other information you think is important to the adoption and care of your small pet:

---

---

---

---

---