Small Animal Admission Profile

Animals can't talk, so they can't tell us where or with whom they would like to live. To ensure your pet’s new home is a safe, happy and appropriate place for them to live, we need you to fill out this form with as much detail as possible. Detailed and honest information from you is crucial to our placement process, so please take the time to fill out this profile with care and accuracy. If you need more space for an answer, please continue your response on the back of the page.

Undesirable behaviors and medical issues do not necessarily create problems in placement, however, not disclosing these problems definitely does. Dishonest or incomplete responses can undermine the safety and happiness of both your pet and the adopting family. If there are any questions that are unclear, or that you are uncomfortable answering for any reason, please ask to speak directly to one of our helpful staff members.

1. Shelter Arrival Date: ____________
2. Pet’s Name: _________________
3. Pet’s Age: _________________
4. Species: ___ Bird ___ Rabbit ___ Guinea Pig ___ Hamster ___ Rat ___ Gerbil ___ Other:
5. Gender: ___ Male ___ Female
6. Is this pet Spayed/Neutered (Fixed)? ___Yes ___No
7. How/where did you acquire this pet? Please provide as much detail as possible:

8. How long have you had this pet?

9. Why are you unable to keep this pet? Please list as many reasons as needed.

10. To your knowledge, how many homes has this pet had prior to yours?
**Medical History**

11. Has your animal gone to the vet before?   Yes   No   Unsure
   If yes, which veterinary practice?

12. Has your pet needed major surgery?   Yes   No   Unsure
   If yes, what type of surgery and why?

13. Is your animal on any medications?   Yes   No   Unsure
   If yes, what medications and what for?

**Dietary Habits**

14. What type of food did you feed your pet? (check all that apply)
   ___ Pellets   ___ Veggies   ___ Fruits   ___ Hay   ___ People Food   ___ Other:

15. How often did you feed your pet and how much?

16. What time of day does your pet eat?

17. What is your pet’s favorite food/treat?

18. Does your pet drink from a bowl or water bottle?

**Socialization**

19. What does your pet do most of the time?
   ___ Play   ___ Sleep   ___ Eat   ___ Cuddle   ___ Hide   ___ Chew   ___ Other:

20. Was your pet ever allowed to run loose or always in an enclosed space?

21. What is your pet’s favorite thing to do?

22. Are your animals bonded to one another?   ___ Yes   ___ No   ___ Not Applicable

23. Have your pets ever lived around another animal?   ___ Yes   ___ No   ___ Unsure
   If yes, what kind of animal?   ___ Cat   ___ Dog   ___ Other:
Were these interactions positive or negative?

24. Does your pet like to be held? ___ Yes ___ No ___ Unsure

25. Was your pet ever handled by children? ___ Yes ___ No ___ Unsure
   If yes, what were the ages of the children? ___ 2-5 Years ___ 6-10 Years ___ 11+ Years

26. Has your pet even bitten? ___ Yes ___ No ___ Unsure
   If yes, please explain the circumstances of the bite:

Cage Habits

27. What kind of enclosure was your pet kept in?
   ___ C&C Cage ___ Outdoor Hutch ___ Solid Bottom Hutch ___ Wire Bottom Hutch ___ Loose
   Other enclosure/set-up:

28. Is your pet litter-box trained? ___ Yes ___ No ___ Sometimes ___ Unsure

29. Is there anything else that you would like for future adopters to know?