



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?