



OFFICE USE ONLY

Animal ID#: _____
Arrival Date: _____
Staff Name: _____

Small Animal Surrender Profile

Animal's name: _____ Animal's age: _____ Animal's breed: _____

Animal's color: _____ Animal's gender: Male Female Unsure

Is your animal spayed/neutered? Yes No Unsure

Why are you surrendering your animal? _____

If surrender reason is health/behavior, please explain: _____

How long have you owned your animal? _____ Including yours, how many homes has this animal had? _____

Where did you acquire this animal?

- | | |
|---|--|
| <input type="checkbox"/> From BHS | <input type="checkbox"/> Pet Store |
| <input type="checkbox"/> Found as a stray | <input type="checkbox"/> Breeder |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Another Shelter, if so, what shelter? _____ |
| <input type="checkbox"/> Relative | <input type="checkbox"/> A rescue group, if so, what rescue group? _____ |
| <input type="checkbox"/> Born in my home | <input type="checkbox"/> Other (please explain) _____ |

How was your animal housed?

- | | |
|---|--|
| <input type="checkbox"/> Free roam of the house | <input type="checkbox"/> In a cage (please describe) _____ |
| <input type="checkbox"/> Confined to one room | <input type="checkbox"/> Other (please explain) _____ |

Is the animal litter box trained? Yes No Working on it

What type of food does your animal eat? _____

Has your animal ever been to the vet before? Yes No

If yes, which veterinary hospital? _____

Does your animal have any known health problems? Yes No

If yes, what are the health concerns? _____

Does your animal allow you to clip his/her nails? Yes No Never Tried

Does your animal allow you to brush him/her? Yes No Never Tried

Please check all the animals the animal has lived with. (check all that apply)

- | | | | |
|---|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Male Dogs | <input type="checkbox"/> Female Dogs | <input type="checkbox"/> Male Cats | <input type="checkbox"/> Female Cats |
| <input type="checkbox"/> Other Small Animals (what kind?) _____ | <input type="checkbox"/> Farm Animals (what kind?) _____ | | |
| <input type="checkbox"/> None | <input type="checkbox"/> Other (please explain) _____ | | |

Were the experiences with the other animals positive? Yes No

If no, why not? _____

Did your animal live with children? Yes No

If yes, what age are the children? _____

If yes, would you recommend the animal live with children? _____

Is your animal used to being picked up/handled? Yes No

If no, what does the animal do when you try to handle him/her? _____

How would you describe your animal's personality?

Friendly Shy Active Independent Other (please explain) _____

Are there any personality traits or quirks that are unique to your animal? _____

Do you have any additional comments regarding your animal? _____

