



Small Animal Surrender Profile

We understand that surrendering an animal to a shelter can be very difficult, and you are likely concerned for your pet’s future. By completing this form, you will help us care for your animal during its visit, and place it appropriately if placement is possible. Thanks for helping us do the best possible job to make your pet’s visit a pleasant and short one.

First & Last Name (please print clearly):

Address _____
Phone Number _____
Email Address _____

ACCOUNT # _____ **Birth Date/Age** _____
Pet's Name _____ **Gender** Male Female
Breed _____ **Spayed/Neutered** Yes No

1. Where did you acquire this pet?
- HAWS
 - Friend/Relative
 - Newspaper/Online
 - Animal Shelter (Please specify) _____
 - Other: _____
 - Found/Stray
 - Breeder
 - Pet Store

2. Explain why you are surrendering your pet:

Feeding

1. What type of foods does your pet eat? _____

Brand(s) of Food _____
Brand(s) of Treats _____

2. How would you describe your pet’s eating habits?
- Picky eater
 - Loves his/her food!

3. Does your pet have any dietary restrictions?

Habitat

1. On average, where does your pet spend most of his/her time?

- Outside
- Inside House- Free Roam
- Inside House- Confined in Cage
- Other _____

2. If your pet is confined to a cage, what type of cage is it, and how big?

3. Is your pet litter box trained? Yes No

Demeanor/Behavior

1. What is the pet's reaction towards the following people? (Check all that apply)

	Never Met	Reserved	Friendly	Afraid	Scratches/Bites
Kids Under 2					
3-7 Years					
8-12 Years					
Men					
Women					
Strangers					

If your pet has scratched/bitten, please explain: _____

2. What other animals live in your home? **Check all answers that apply.**

- No other animals
- Cats.
- Dogs.
- Birds
- Other small animals

3. What is the pet's reaction toward any other animals in your household?

- Friendly, wants attention, responsive
- Reserved, accepts attention, little or no response
- Shy, hesitant, may not respond, selective
- Fearful, backs away, hides
- Aggressive, stands grounds, charges, thumps
- Mounts or humps them
- Chases or stalks them

Behavior

1. What bad habits does your pet have? **Check all answers that apply.**

- Digging
- Destructive chewing
- Urinating when someone greets it or touches it
- Other _____
- Nipping, biting
- Running away

2. How does your pet typically react to the following activities? **Check all answers that apply.**

	Never Tried	Enjoys	Allows	Afraid	Scratches/Bites
Bathe					
Brush					
Hold					
Hug					
Pick Up					

3. What are your pet's favorite games, toys, or treats?

Health

1. Has your pet seen a veterinarian?

- Yes If Yes, When? _____
- No

If "Yes," was it for a specific health problem? _____

Veterinarian Clinic Name _____

Last Notes

1. Are there any wonderful, special traits or habits that you would like your pet's new family to know about?

Thank you for your time!