

# Small Animal Intake Questionnaire



Your Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Type/Breed \_\_\_\_\_

What are you surrendering your small animal? \_\_\_\_\_

Where did you get your small animal? \_\_\_\_\_

How long have you had your small animal? \_\_\_\_\_

Does your small animal have any known medical concerns?  No  Yes If yes, what?

Has your small animal ever been to a vet?  No  Yes If yes, where? \_\_\_\_\_

Do you have other animals in your home?  No  Yes If yes, what kind(s)? \_\_\_\_\_

If your small animal interacts with other pets, how does that go?

Does the small animal have any history of aggression?  No  Yes If yes, toward whom? \_\_\_\_\_

Has the animal ever bitten and broken skin?  No  Yes If yes, describe the circumstances: \_\_\_\_\_

How does the animal act when handled? \_\_\_\_\_

How has the animal been housed? Any special needs? \_\_\_\_\_

What does the small animal eat? \_\_\_\_\_ How often? \_\_\_\_\_

What does the animal eat from? \_\_\_\_\_ Drink from? \_\_\_\_\_

What do you like best about the animal? \_\_\_\_\_

Is there anything that makes the animal hard to own? \_\_\_\_\_