

Pocket Pet Questionnaire

We need your help to find the best possible home for your pet. Please complete the information below as thoroughly and carefully as possible. Your pet will appreciate it!

ID # _____ (office use only)

General Information

Pet's Name: _____ Pet's Age: _____

Pet's Sex (PLEASE CIRCLE) MALE FEMALE UNKNOWN

Type of Pocket Pet (PLEASE CIRCLE)

Guinea Pig Rat Hamster Mouse Rabbit Bird Other: Please specify _____

Why are you giving up your pet (PLEASE CHECK ALL THAT APPLY)

____ Moving ____ Landlord Issues ____ Financial Hardship ____ Behavior

____ Allergies ____ Other (Please Explain) _____

If the reason is behavior, please explain the behavior and the things you have tried to solve it: _____

Where did you get this pet? _____ How long has this pet lived with you? _____

Has the pet bitten or scratched anyone within the past 10 days? _____

If yes, please explain: _____

Health

Does your pet visit a veterinarian (PLEASE CIRCLE) YES NO

If yes, who is your pet's veterinarian? _____

Name of clinic: _____

Does your animal have any illnesses or conditions we should know about? _____

If yes, please describe: _____

General Lifestyle

Where this was pet housed? (PLEASE CIRCLE ALL THAT APPLY)

Inside Yard Garage Other: _____

Type of housing: (PLEASE CIRCLE ALL THAT APPLY)

Aquarium Plastic Habitrail Wire-Bottomed Cage Other: _____

Type of Bedding: (PLEASE CIRCLE)

Paper Hay Cedar Chips Other: _____

Type of Food: (PLEASE CIRCLE ALL THAT APPLY):

Pellets Rodent Block Seed Blend Other: _____

Fresh Fruit/Veggies: Please specify _____

Feeding Schedule: (PLEASE CIRCLE)

AM Feeding PM Feeding Free Feeding Other: _____

This pet has lived in the same household with: (PLEASE CIRCLE ALL THAT APPLY)

Adults Seniors Dogs Cats Children

Circle as Many of the Following that Describe Your Pet's Behavior & Habits:

- | | |
|---------------------------|----------------------------|
| Outgoing | Shy of Strangers |
| Friendly | Skittish/ Jumpy |
| Likes Being a Pet | Doesn't Like Being Pick Up |
| Easy to Pick Up/ Put Down | Fights with Cage Mates |
| Bite/Chew Playfully | Bites When Handled |
| Independent | Tries to Jump When Held |

Pets favorite toys & activities: _____

How frequently does the pet interact with people? (CIRCLE ONE)

Daily Every Other Day Once a Week Rarely

How many hours per week does the pet spend outside of its cage? _____

Children

What ages of children has your pet been around? _____

Would you say he/she is: (please circle)

Playful Friendly Tolerant Afraid Shy Rough Not Around

Additional comments about your pet with children? _____

Questions to Help Staff Care for Your Pet

Has he/she EVER bitten/scratched anyone and drawn blood? _____ If yes, please explain: _____

Has your pet ever killed any other animal? _____

Multiple Animal Supplement

Please List Any Additional Pocket Pets:

Pet's Name	Age	Sex (M/F)	Spayed or Neutered?	*Relationships

**Please indicate the animal's relationship to one another, ex. Sibling to [Name], Parent to [Name], or Unrelated Companion*

How long have these animals lived together? _____

How often do they interact? _____

Which of the following describe the relationship between these animals? (Please Circle All That Apply)

- | | |
|---------------------------|--|
| Adored Each Other | Peacefully Co-Exist |
| Play Together | Ignore Each Other |
| Sleep Next to Each Other | One Limits the Other's Access to Resources |
| Groomed Each Other | Will Fight Without Injuries |
| Will Not Eat if Separated | Have Fought with Injuries |
| Distressed When Separated | Tries to Jump When Held |

Thank you for your time and effort on completing this form. Should your pet stay at the Peninsula SPCA Adoption and Humane Education Center, this information will be used by staff to take care of your pet and place them with an appropriate adopter.