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 Habitat  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
- Friendly
- Likes Being a Pet
- Easy to Pick Up/ Put Down
- Bite/Chew Playfully
- Independent
- Shy of Strangers
- Skittish/ Jumpy
- Doesn’t Like Being Pick Up
- Fights with Cage Mates
- Bites When Handled
- 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:

<table>
<thead>
<tr>
<th>Pet’s Name</th>
<th>Age</th>
<th>Sex (M/F)</th>
<th>Spayed or Neutered?</th>
<th>*Relationships</th>
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*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.