

Small Companion Animal Guardian Questionnaire



Please tell us about your animal, giving as much detail as possible.

Type of animal (e.g. rabbit, rat, guinea pig, etc.):		
Animal's name:	Age:	Breed/type:
Gender: <input type="checkbox"/> Don't Know <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Don't Know	
How long have you had this animal?	How did you acquire this animal?	
Why are you giving up this animal?		

Who is your veterinarian? _____ City where located: _____

Describe current or past medical issues for this animal: _____

Date of last vet visit: _____ Date nails last clipped: _____

Housing: Indoor cage (size: _____) Outdoor cage or hutch (size: _____)

Loose in house (where?): _____ Loose in yard Other _____

Litter box trained Type of litter _____ How often was litter changed? _____

If your animal spends time outside its cage, where and how often? _____

What other animals has your animal lived with? _____

Describe all foods fed to this animal (including types of fruits, veggies): _____

_____ What are your animal's favorite foods? _____

What are your animal's favorite toys, chewing items? _____

Please check any of the following that would apply to your animal:

<input type="checkbox"/> Social and friendly	<input type="checkbox"/> Nips/bites when handled	<input type="checkbox"/> Chews everything
<input type="checkbox"/> Likes being petted/held	<input type="checkbox"/> Difficult to remove from cage	<input type="checkbox"/> Tolerates/enjoys grooming
<input type="checkbox"/> Calm	<input type="checkbox"/> Easy to pick up	<input type="checkbox"/> Okay with children (ages)
<input type="checkbox"/> Shy	<input type="checkbox"/> Tolerates being held	<input type="checkbox"/> Lunges/Grunts
<input type="checkbox"/> Skittish	<input type="checkbox"/> Seeks attention	<input type="checkbox"/> Territorial

Please list other personality traits: _____

Has this animal ever had offspring? _____ When? _____ What did you do with the offspring?

_____ Could this animal be pregnant again? _____

Anything else we should know?: _____

Are you surrendering this animal for safety reasons? Yes____ No____

Please describe _____