



Peninsula Regional Animal Shelter
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 Newport News, VA 23605

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OWNER SURRENDER SMALL ANIMAL

To help us find the best home for your pet, please answer the following questions accurately and with the greatest detail possible. Behavioral and medical issues may not necessarily create problems in finding a new home for your pet, but not providing us with all relevant information may prevent us from matching your pet with the right home.

PET IDENTIFYING INFORMATION

(please present proof of ownership)

Pet Name: _____ Birthdate: ____/____/____ Age: _____

Pet Species: Rabbit Guinea Pig Hamster Gerbil Rat Mouse Other _____

Breed _____ Color/Markings: _____ Weight: _____

Check one: Male Neutered Male Female Spayed Female

Microchip (brand/#): _____

Has your pet bitten any person or animal in the past 10 days? Yes No. If yes, did it break the skin? Yes No

Please explain: _____

Why are you surrendering your pet today?

ALTERNATIVES

Would you like our professional shelter staff to discuss with you?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Pet Food and Supplies Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Re-homing Websites | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Low-Cost Spay and Neuter Program | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Foster-to-Surrender Program | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Behavior Problem Solving | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Low-cost Vaccination Programs | <input type="checkbox"/> Yes <input type="checkbox"/> No |

LIFESTYLE

How long have you had this pet? _____. Including yours, how many homes has the pet had? _____

Where did you get this pet? Breeder Friend/Family On-line (i.e. Craig's list) Petfinder.com Pet Store
Found as Stray Gift Retired Classroom pet Rescue Group

Shelter (please specify Rescue or Shelter) : _____

What kind of housing do you have for your pet? Habit-trail or other Caging system Aquarium w/lid Metal cage w/bars Other Cage Free Roaming Indoor/Outdoor

How do you confine your pet outside? Pet Kennel/Enclosure (size _____) Walk on Harness & leash

Other _____ Not confined when outside Never outside

What's the longest period of time your pet stays alone _____? Is this successful? Yes No _____

LIFE EXPERIENCE & BEHAVIOR

Litter Box History: Please help us by giving as much detailed, accurate information as you can.

How does your pet potty? Litter box inside Outside Walks outside on harness & leash Toilet trained

What kind of litter do you use? Clay clumping Clay non-clumping Paper Pine Walnut based Unscented
 Other _____

Is your pet particular about litter? Yes No If yes, Specific Type and Brand:

How often do you scoop the litter box? 2-3 times a day Daily Every few days Weekly Other _____

Is your pet more comfortable with: Men Women Adults Seniors Teenagers Likes all people

Has your pet lived with or visited children? Yes No If yes, **Under 5 years old?** Yes No **5-12 years old?** Yes
 No **Over 12 years old?** Yes No

With children, would you say your pet is Playful Friendly Tolerant Afraid Shy Rough Not around

Has your pet lived with other cats Yes No If yes, how many? _____ With other cats, would you say your pet is
(check all that apply) Best friends Playful Friendly Tolerant/coexisted Aloof Afraid Shy Rough
 Fights *without* injuries Fights with injuries Other/comments _____

Has your pet lived with dogs? Yes No If yes, how many? _____ With other dogs, would you say your pet is
(check all that apply) Best friends Playful Friendly Tolerant/coexisted Aloof Afraid Shy Rough
 Fights without injuries Fights with injuries Other/comments _____

Has your pet lived with any other animals? Yes No If yes, what kinds? _____

How were their interactions? Positive Negative? Explain. _____

Has your pet ever seen or been around horses or livestock? Yes No. What was your pet's reaction?

Would you recommend your pet be in a home with: **Cats?** Yes No **Dogs?** Yes No **Birds?** Yes No **Small
Animals?** Yes No **Reptiles?** Yes No **Children: Under 5 years old?** Yes No **5-12 years old?** Yes No
Over 12 years old? Yes No

Please explain your recommendations: _____

How does your pet behave in the car? Enjoys Resists entering Meows/Vocalizes Fine in crate or carrier
 Sleeps Afraid/drools Vomits Urinates/Defecates Never tried Other _____

How does your pet react when you or another family member touches your pet's: (check appropriate boxes)	No Reaction	Never Tried	Allows	Lunges	Scratches	Growls	Snaps	Bites	Other (please explain)
Head?									
Ears?									
Mouth?									
Collar?									
Paws or feet?									
Tail?									
Rear end?									
Belly?									

How does your pet react when you or another family member... (check appropriate boxes)	No Reaction	Never Tried	Allows	Lunges	Scratches	Growls	Snaps	Bites	Other (please explain)
... moves or touches the pet while it is sleeping?									
... asks, pushes, or pulls the pet to get it off furniture or bed?									
... approaches the pet while it is next to another family member?									
... hugs the pet?									
... picks up the pet?									
... trims the pet's nails?									
... brushes the pet?									
... bathes the pet?									

What are your pet's favorite treats or toys? _____

What are your pet's favorite activities? _____

What are some of your pet's shining qualities? _____

How would you describe your pet's personality? _____

Is there anything else you would like for us to know about your pet? _____

HEALTH AND MEDICAL HISTORY

Did you bring a vaccination record with you? Yes No. Is your pet's rabies vaccine current? Yes No

Vaccine or Preventative	Date Given	Date Expires	Brand
Rabies			

Who is your veterinarian or where do you have your pet's vaccinations done? _____

What medications is your pet currently taking (name and dose)? _____

What kind of food does your pet eat? Canned only Dry only Combination of dry & canned Human food

What brand of food does your pet eat? _____

How often does your pet get Hay? Daily 3-4 times /week weekly Never

Is your pet currently experiencing any of these conditions (check and circle all that apply)?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf | <input type="checkbox"/> Demodex mange | <input type="checkbox"/> Sarcoptic Mange |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipation | <input type="checkbox"/> Rapid weight loss/gain | <input type="checkbox"/> Hair loss |
| <input type="checkbox"/> Loss/Increase Appetite | <input type="checkbox"/> Increase/Decrease drinking | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Unusual lumps |

Has your pet been diagnosed with or treated for any of these (check and circle all that apply)?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Skin Allergies | <input type="checkbox"/> Worms |
| <input type="checkbox"/> Eye infections | <input type="checkbox"/> Heat Stroke | <input type="checkbox"/> Gastritis | <input type="checkbox"/> Respiratory Infection |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Arthritis/Joint pain | <input type="checkbox"/> Irritable bowel |
| <input type="checkbox"/> | <input type="checkbox"/> Tumors | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cataracts |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Surgery | <input type="checkbox"/> Broken bones | <input type="checkbox"/> Other _____ |

Please explain any health conditions listed above. _____

We will need you to sign our Transfer of Custody form so that Peninsula Regional Animal Shelter may take legal ownership of your pet.