



Shelter # A _____
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*For Staff Use*

Animal's Name:	Age:	Sex:
Breed/Type:	Colour:	

## INCOMING SMALL ANIMAL HISTORY SHEET

*Please check all that apply*

### My Animal

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female Status:  Pregnant  Nursing

Past or present medical conditions:  Yes  No  
*If yes, what are they?* \_\_\_\_\_

Currently on medications (please specify)? \_\_\_\_\_

Currently on a special diet (please specify)? \_\_\_\_\_

Name of the veterinary clinic: \_\_\_\_\_

### History

Time caring for my animal: \_\_\_\_ years \_\_\_\_ months My animal has had other owners:  Yes  No

My animal was acquired from:  Ottawa Humane Society  Found/Stray  Pet Store

Friend/Relative  Online

Placement group – Name of group? \_\_\_\_\_

Other animal shelter – Name of shelter? \_\_\_\_\_

Breeder – Name of breeder? \_\_\_\_\_

Other: \_\_\_\_\_

### Reason for Surrender

Moving (unable to bring animal)  Cost of having a pet  Pet is ill/injured  Aggressive

Behaviour issue (please specify): \_\_\_\_\_

Too many animals  Unable to dedicate necessary time

Other (please specify): \_\_\_\_\_

### Environment

My animal has lived with other pets:  Yes  No

*If yes, what breeds and did they get along?* \_\_\_\_\_



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My animal likes to be handled (picked up, held, petted)?  Yes  No

My animal has lived with children:  Yes  No

If yes, what ages: \_\_\_\_\_

My animal's reaction to children:  Not exposed  Accustomed to active children

Accustomed to calm children  Avoids children

My animal's living environment in our home is:  A cage  Free run  Other: \_\_\_\_\_

If caged, my animal was let out for exercise:  Daily  2 – 4 times a week  Weekly

Very occasionally  Never

**Diet**

My animal eats: \_\_\_\_\_ Brand? \_\_\_\_\_

My animal was fed fruit and vegetables?  Yes  No

If yes, what types? \_\_\_\_\_

My animal is fed the following times daily:  Once  Twice  Three or more

My animal is fed the following amount daily: \_\_\_\_\_

**Litter Box Habits**

My animal is litter trained:  Yes  No

If yes, what type of litter? \_\_\_\_\_

How often was the cage/litter cleaned?  Daily  Twice a week  Once a week

**Behaviour**

My animal's behavior is:  Friendly  Calm/Relaxed  Playful/Active

Social  Shy/Timid  Nervous  Quiet

My animal has bitten a person to draw blood:  Yes  No

If yes, please provide details: \_\_\_\_\_

My animal has the following special/unique habits: \_\_\_\_\_

Please feel free to tell us any additional helpful information (favorite toys/games/treats, bad habits, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for completing this questionnaire!**  
We know that giving up your pet is not an easy decision and we promise to do our best.