



Shelter # A _____

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.