

Small Mammals Form



Date: _____

Animal ID (Staff Use Only)

Animal's information:

Animal's name: _____

Species: _____

Age: _____ Date of birth (if known): _____

Sex: Male Female

Spayed or Neutered: Yes No Unknown

About your small mammal's history:

How long has this small mammal lived with you? _____

Where did you obtain the small mammal? _____

Please explain why you are relinquishing your small mammal: _____

About your small mammal's health:

Has your small mammal been to the veterinarian recently? _____

What is the name of your veterinary clinic? _____

Does your small mammal have any known health concerns? _____

About your small mammal's habits:

Please describe your small mammal's housing situation (cage, free-roam, indoor/outdoor, etc.) _____

Does your small mammal use a running wheel? Yes No

If yes, how regularly does your small mammal use it? _____

How often do you handle your small mammal? _____

Where does your small mammal spend most of their time? _____

What are your small mammal's favorite toys and/or activities? _____

Is your small mammal litter-box trained? Yes No

What food do you feed your small mammal?

How often?

Has your small mammal had experience with children? Yes No

If yes, please describe:

Would you recommend your small mammal be placed in a home with children? Yes No

Please explain:

Has your small mammal had any experience with other animals? Yes No

If yes, please describe:

Would you recommend your small mammal to be placed in a home with other animals? Yes No

Please explain:

Has your small mammal ever been aggressive with a person? Yes No

If yes, please describe:

Has your small mammal ever injured someone by biting and breaking the skin? Yes No

If yes, please describe:

Please use the space below for any additional information you would like to share about your small mammal: