



**Small Mammal Intake Profile**

For Office Use:

A# \_\_\_\_\_

P# \_\_\_\_\_

Scanned  Logged  Memo

Previous THS animal >24912612

If yes, print medical records from  
Kennel Card Drive

Date: \_\_\_\_\_

Owner's First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Animal's name: \_\_\_\_\_ Does he/she respond to his/her name: Yes No

Reason for Rehoming: \_\_\_\_\_

1. What species is your animal? \_\_\_\_\_ 2. What is your animal's breed? \_\_\_\_\_

3. What colour is your animal: \_\_\_\_\_ 4. Distinguishing markings?: \_\_\_\_\_

5. How old is your animal? \_\_\_\_\_ 6. How long have you had your animal? \_\_\_\_\_

7. Your animal's sex: Male Female Unknown 8. Is your animal spayed/neutered? Yes No Unsure

9. How did you acquire your animal? Pet store Friend/Family Newspaper/Internet

Farm Gift Stray Shelter/Rescue Group: \_\_\_\_\_

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

10. How old was your animal when you acquired him/her? \_\_\_\_\_

11. What kind of food do you feed your animal?  Pellets  Alfalfa Hay  Timothy Hay

Fresh Green/Vegetables  Fresh Fruits  Table Scraps  Seeds  Nuts

Kibble  Insects/Bugs  Other \_\_\_\_\_

Comments (how much and how often): \_\_\_\_\_

12. What brand(s) are you feeding? \_\_\_\_\_

13. How often does your animal eat?  Free Feed (left out all day)  Once/day  Twice/day

14. What supplements are you offering? \_\_\_\_\_

15. What treat(s) are you offering? \_\_\_\_\_

**Living Habits**

16. My animal is used to living in:  apartment/condo  house  garage

balcony  outdoor hutch  farm

17. The room my animal is kept:  basement  living room  kitchen

child's bedroom  adult's bedroom  spare room

18. My animal's enclosure is:  a cage  a pen  a hutch

a custom condo  a room  free-range

19. The dimensions of the enclosure are: \_\_\_\_\_

20. My animal uses a litter box:  never  always  
 sometimes – explain: \_\_\_\_\_
21. My animal has a litter box:  inside enclosure  outside enclosure # of boxes: \_\_\_\_\_
22. The bedding my animal is used to in the litter box is:  
 cedar shavings  pine shavings  aspen shavings  Yesterday's News  
 CareFresh/Boxo  wood stove pellets  hemp  kitty litter  hay  
 other: \_\_\_\_\_
23. The bedding my animal is used to in the rest of the enclosure is:  
 cedar shavings  pine shavings  aspen shavings  Yesterday's News  
 CareFresh/Boxo  wood stove pellets  hemp  kitty litter  hay  
 towels/blankets  other: \_\_\_\_\_
24. My animal comes out of the enclosure:  every day  2-3 times/week  once/week  rarely  never
25. The length of time my animal is out:  5-15 min  15-30 min  30-60 min  1-4 hrs  
 4+hrs  free-range
26. The floor surface my animal is used to is:  
 carpet  tile  hard wood  linoleum  does not go on floor  
 other: \_\_\_\_\_
27. My animal is allowed on:  all furniture  some furniture  no furniture
28. My animal's favourite toy(s): \_\_\_\_\_
29. My animal's destructive behaviours include:  
 chewing wires  chewing furniture  digging up carpet  chewing plants  
 tearing upholstery  chewing household items  ripping wallpaper  
 other: \_\_\_\_\_
- Comments: \_\_\_\_\_
- 

### Handling

30. I am able to pet my animal:  always  sometimes  never
31. I am able to pick up my animal:  always  sometimes  never
32. When holding, my animal:  enjoys it  seems indifferent  struggles  
 nips  bites  shakes
33. My animal is used to being brushed:  every day  once/week  rarely  never
34. When being brushed, my animal:  enjoys it  seems indifferent  struggles  
 nips  bites  shakes
35. My animal is used to nail trims:  every 1-2 months  rarely  never
36. Nail trims are done:  at home  at a groomer  at the vet
37. When trimming nails, my animal:  enjoys it  seems indifferent  struggles  
 nips  bites  shakes

## **Temperament and Personality**

38. How many people live in the household: \_\_\_\_\_ Adult, female, \_\_\_\_\_ Adult, male,  
\_\_\_\_\_ Children, female, \_\_\_\_\_ Children, male
39. My animal is used to:  living with children  visiting with children  not used to children
40. These children are aged:  0-3 yrs  4-6 yrs  7-10 yrs  11-15 yrs  16 yrs+
41. My animal:  enjoys being with children  tolerates children  is nervous of children  
 is aggressive towards children  avoids the children
42. My animal is used to:  living together with the same species  bonded to the same species  
 living near same species  has never had contact with the same species
43. My animal is used to:  living with dogs – breed(s)/age(s): \_\_\_\_\_  
 living with cats – age(s): \_\_\_\_\_  
 living with other animal(s): \_\_\_\_\_
44. My animal is nervous of:  dogs  cats  other animal(s): \_\_\_\_\_
45. My animal is aggressive with:  dogs  cats  other animal(s): \_\_\_\_\_
46. With strangers, my animal is usually:  friendly  nervous  aggressive  seems indifferent
47. In a new environment, my animal is usually:  curious/outgoing  nervous/fearful  seems indifferent
48. When traveling in the car, my pet is usually:  calm/relaxed  nervous/fearful  seems indifferent
49. My animal is afraid of: \_\_\_\_\_

## **Animal's Health Record**

50. Has your animal ever been to the vet?  Yes  No
51. Veterinary Clinic: \_\_\_\_\_
52. Veterinarian's Name: \_\_\_\_\_
53. Clinic Location: \_\_\_\_\_
54. Clinic Phone #: \_\_\_\_\_
55. How long have you used this clinic? \_\_\_\_\_
56. Has this animal been to any other clinic?  No  Yes: \_\_\_\_\_
57. Do you have the Veterinary Health Records?  Yes  No  Have been faxed
58. How does your animal react to the veterinarian?  Well  Poorly  Nervous  Indifferent
59. Has your animal had any medical concerns in the past?  No  Yes  
If yes, please specify: \_\_\_\_\_
60. Does your animal have any current medical concerns?  No  Yes  
If yes, please specify: \_\_\_\_\_
61. Has the animal been on any medications (including homeopathic remedies) in the past?  
 No  Yes: \_\_\_\_\_
62. Is the animal currently on any medications (including homeopathic remedies)?  
 No  Yes: \_\_\_\_\_
63. Have there been any recent changes to the following:  
 sneezing  diarrhea  hair loss  eye condition  
 appetite  energy level  water consumption  ear condition  
 teeth  balance  seizures  
 other behaviour: \_\_\_\_\_

64. Did you have your animal sterilized (fixed)?

No       Neutered       Spayed       done before acquiring animal

If yes, why was the procedure done?  routine     health     attempt to modify behaviour

If no, has the animals been used for breeding?  No       Yes: Last attempt: \_\_\_\_\_

65. Do you have proof of Neuter/Spay?  Yes       No

66. What age was this done at? \_\_\_\_\_

67. Has your animal ever been vaccinated?  Yes       No      Date of vaccines: \_\_\_\_\_

68. When was your animal last at the vet? \_\_\_\_\_

69. What procedures were done? \_\_\_\_\_

70. If your animal is a female, has she ever given birth?  Yes  No    How long ago?: \_\_\_\_\_

71. If your animals is a male, has he ever fathered a litter?:  Yes  No    How long ago?: \_\_\_\_\_

**72. Is there any additional information you would like us to know about your animal? In order to match your animal to an appropriate adopter, please provide as much information as possible.** \_\_\_\_\_

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

INTAKE NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_