



### Small Mammal Intake Profile

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

#### **Reason for Rehoming:**

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

1. How old is your animal? \_\_\_\_\_ 2. How long have you had your animal? \_\_\_\_\_

3. Your animal's sex:  Male  Female 4. Is your animal spayed/neutered?  Yes  No

5. What species is your animal? \_\_\_\_\_ 6. What is your animal's breed? \_\_\_\_\_

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

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

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

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

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

Fresh Green/Vegetables  Fresh Fruits  Table Scraps  Seeds  Nuts

Rodent Block  Kibble  Insects/Bugs  Other \_\_\_\_\_

Comments: \_\_\_\_\_

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

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

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

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

#### **Living Habits**

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

balcony  outdoor hutch  farm

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

child's bedroom  adult's bedroom  spare room

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

a custom condo  a room  free-range

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

18. My animal uses a litter box:  never  always  
 sometimes – explain: \_\_\_\_\_

19. My animal has a litter box:  inside enclosure  outside enclosure # of boxes: \_\_\_\_\_

20. 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: \_\_\_\_\_

21. 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: \_\_\_\_\_

22. My animal comes out of the enclosure:  every day  once/week  rarely  never

23. The length of time my animal is out:  5-15 min  15-30 min  30-60 min  1-2 hrs  
 2-4 hrs  4-8 hrs  8-12 hrs  12 hrs+  free-range

24. The floor surface my animal is used to is:  
 carpet  tile  hard wood  linoleum  does not go on floor  
 other: \_\_\_\_\_

25. My animal is allowed on:  all furniture  some furniture  no furniture

26. My animal's favourite toy(s): \_\_\_\_\_

27. My animal's destructive behaviours include:  
 chewing wires  chewing furniture  digging up carpet  
 tearing upholstery  chewing household items  ripping wallpaper  
 other: \_\_\_\_\_

Comments:

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### **Temperament and Personality**

28. My animal is used to:  living with children  visiting with children  not used to children

29. These children are aged:  0-3 yrs  4-6 yrs  7-10 yrs  11-15 yrs  16 yrs+

30. My animal:  enjoys being with children  tolerates children  is nervous of children  
 is aggressive towards children

31. How many people live in the household: \_\_\_\_\_ Adult female, \_\_\_\_\_ Adult male,  
\_\_\_\_\_ Female children, \_\_\_\_\_ Male children

32. My animal is used to:  living together with the same species  living near same species  
 has never had contact with the same species

33. My animal is used to:  living with dogs – breed(s)/age(s): \_\_\_\_\_  
 living with cats – age(s): \_\_\_\_\_  
 living with other animal(s): \_\_\_\_\_
34. My animal is nervous of:  dogs  cats  other animal(s): \_\_\_\_\_
35. My animal is aggressive with:  dogs  cats  other animal(s): \_\_\_\_\_
36. With strangers, my animal is usually:  friendly  nervous  aggressive
37. In a new environment, my animal is usually:  curious/outgoing  nervous/fearful
38. When traveling in the car, my pet is usually:  calm/relaxed  nervous/fearful
39. My animal is afraid of: \_\_\_\_\_

### **Handling**

40. I am able to pet my animal:  always  sometimes  never
41. I am able to pick up my animal:  always  sometimes  never
42. When holding, my animal:  enjoys it  seems indifferent  struggles  
 nips  bites  shakes
43. My animal is used to being brushed:  every day  once/week  rarely  never
44. When being brushed, my animal:  enjoys it  seems indifferent  struggles  
 nips  bites  shakes
45. My animal is used to nail trims:  every 2 months  rarely  never
46. Nail trims are done:  at home  at a groomer  at the vet
47. When trimming nails, my animal:  enjoys it  seems indifferent  struggles  
 nips  bites  shakes

### **Animal's Health Record**

48. Has your animal every been to the vet? \_\_\_\_\_
49. Veterinary Clinic: \_\_\_\_\_
50. Veterinarian's Name: \_\_\_\_\_
51. Clinic Location: \_\_\_\_\_
52. Clinic Phone #: \_\_\_\_\_
53. How long have you used this clinic? \_\_\_\_\_
54. Has this animal been to any other clinic?  No  Yes: \_\_\_\_\_
55. Do you have the Veterinary Health Records?  Yes  No  Have been faxed
56. How does your animal react to visiting the vet clinic?  Well  Poorly  Nervous
57. How does your animal react to the veterinarian?  Well  Poorly  Nervous
58. Has your animal had any medical concerns in the past?  No  Yes  
If yes, please specify: \_\_\_\_\_

59. Does your animal have any current medical concerns?  No  Yes

If yes, please specify: \_\_\_\_\_

60. Has the animal been on any medications (including homeopathic remedies) in the past?

No  Yes: \_\_\_\_\_

61. Is the animal currently on any medications (including homeopathic remedies)?

No  Yes: \_\_\_\_\_

59. 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: \_\_\_\_\_

60. 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, did you/were you planning on breeding the animal?  No  Yes: Last attempt: \_\_\_\_\_

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

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

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

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

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

66. 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. \_\_\_\_\_

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

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