

## Small Animal Surrender Form

### Basic Animal Information

Name: \_\_\_\_\_ Species: \_\_\_\_\_  
 Log #: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Colour(s): \_\_\_\_\_ ☐ Male ☐ Female  
 Age: \_\_\_\_\_ ☐ Neutered ☐ Spayed

1: Why are you giving this animal up for surrender? \_\_\_\_\_

2: Where did you originally get this pet? \_\_\_\_\_

3: Where did the pet primarily live? ☐ Inside ☐ Inside/Outside ☐ Outside

4: Is the pet litter trained? (rabbits) ☐ No ☐ Yes What type of litter does he/she use? \_\_\_\_\_

5: How does this pet react to new people, crowds, or new situations?

☐ Very friendly/social almost immediately ☐ Shy at first, but friendly/social once settled

☐ Hides for long periods of time ☐ Responds very negatively/aggressively

Other notes about this animal: \_\_\_\_\_

6: What food does this pet normally eat? \_\_\_\_\_

7: Does this pet drink from a bowl or water bottle? \_\_\_\_\_

8: Does the pet have any aggression towards people, children, or other animals? ☐ Yes ☐ No

If yes, please list the scenarios in which the aggression normally occurs: \_\_\_\_\_

9: The pet has lived with:

☐ men ☐ women ☐ children ☐ cats ☐ dogs ☐ other small animals  
☐ Other \_\_\_\_\_

If the pet has lived with children, please list the ages: \_\_\_\_\_

Other Likes: \_\_\_\_\_ Other dislikes: \_\_\_\_\_

10: Has the pet ever bitten anyone? ☐ Yes ☐ No

Please describe the incident of which the bite occurred: \_\_\_\_\_

Name of Veterinarian/Clinic (if applicable) \_\_\_\_\_ Phone #: \_\_\_\_\_

Please describe any medical issues this animal has (if female, please state if she has ever had babies) \_\_\_\_\_

By signing below, I hereby state that I am the owner or have control of the animal described above and surrender the animal to the Humane Society Hastings Prince Edward. All questions have been answered truthfully and to the best of my knowledge. I give the Quinte Humane Society permission to call my pets veterinarian to obtain any medical records he/she may have.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

HSHPE Representative: \_\_\_\_\_ Date: \_\_\_\_\_