



For Office Use only:  
Animal Number:

### Small Animal/Exotics Surrender Profile

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Pet species \_\_\_\_\_ Name: \_\_\_\_\_ Breed, if applicable \_\_\_\_\_  
Color: \_\_\_\_\_ Age: \_\_\_\_\_ Is this animal de-scented? Yes \_\_\_ No \_\_\_  
Sex (please circle): Male \_\_\_ Female \_\_\_ Is this pet spayed or neutered? Yes \_\_\_ No \_\_\_ If, yes. Date: \_\_\_\_\_  
Is this animal microchipped? Yes \_\_\_ No \_\_\_  
Who is your veterinarian? \_\_\_\_\_  
Where did you acquire this pet? \_\_\_\_\_  
How long has this pet lived with you? \_\_\_\_\_ Was the pet housed? Indoors \_\_\_ Outdoors \_\_\_  
If housed indoor, does it like trips outdoors? Yes \_\_\_ No \_\_\_  
Does this pet walk on a leash? Yes \_\_\_ No \_\_\_  
In what kind of enclosure was this pet housed?  
Single level cage \_\_\_ Multi level cage \_\_\_ Aquarium \_\_\_ Free Roam \_\_\_ Other \_\_\_  
If other, please describe \_\_\_\_\_  
If applicable, on average how many hours a day does this pet spend outside of its cage? \_\_\_\_\_  
What type of bedding do you use?  
Cloth \_\_\_ CareFresh \_\_\_ Newspaper \_\_\_ Pine or Cedar shavings \_\_\_ Pine Pellets \_\_\_ Other \_\_\_  
If other, please describe \_\_\_\_\_  
Does this pet use a litterbox? Yes \_\_\_ No \_\_\_  
If yes, which type of litterbox? Corner pan \_\_\_ High back pan \_\_\_ Regular cat pan \_\_\_ Other \_\_\_  
If applicable, what type of litter do you use? \_\_\_\_\_

What type of food does this pet eat? \_\_\_\_\_  
What treats does this pet like? \_\_\_\_\_  
Does this pet take any supplements? \_\_\_\_\_  
What types of toys or games does this pet like? \_\_\_\_\_  
How many of the following people lived with this pet?  
Adult men \_\_\_ Adult women \_\_\_ Seniors \_\_\_ children: \_\_\_ Ages of children \_\_\_\_\_  
How do you describe your household? Active \_\_\_ Noisy \_\_\_ Average \_\_\_ Quiet \_\_\_

Has this pet ever nipped or bitten? Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_  
Does this pet do any tricks? Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_  
Do you have any other pets that this pet had regular contact with? Yes \_\_\_ No \_\_\_ If yes, how many? And what kind? \_\_\_\_\_  
Does this pet have any medical problems? Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_  
Why are you surrendering this pet to the shelter? \_\_\_\_\_



I swear that the information is true to the best of my knowledge and I have given all the information available to help the Saratoga County Animal Shelter find a loving, new home for this pet.

I give my permission for the Saratoga County Animal Shelter to contact my veterinarian for the purpose of obtaining this pet's medical records.

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

**STAFF USE ONLY:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Counseled about alternatives: \_\_\_\_\_ Donation: \$ \_\_\_\_\_