



Office Use Only

Animal #: _____
Program Entrance Date: _____
Staff: _____

Facilitated Adoption Profile – Small Mammals

Owner Name: _____ Date: _____

Address:
Phone Number
E-mail:

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: _____

28. In your opinion, what would the ideal home environment for this animal look like? _____

Temperament and Personality

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

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

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

32. How many people live in the household: _____ Adult female, _____ Adult male,
_____ Female children, _____ Male children

33. In your opinion, would this animal do well in a home with children? Why/why not? _____

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

35. My animal is used to: living with dogs – breed(s)/age(s): _____
 living with cats – age(s): _____
 living with other animal(s): _____

36. My animal is nervous of: dogs cats other animal(s): _____

37. My animal is aggressive with: dogs cats other animal(s): _____

38. In your opinion, would this animal do well in a home with other pets? Why/why not? (please specify species): _____

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: _____

62. 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: _____

63. 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: _____

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

65. What age was this done at? _____

66. Has your animal ever been vaccinated? Yes No Date of vaccines: _____

67. When was your animal last at the vet? _____

68. What procedures were done? _____

69. 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. _____



FACILITATED ADOPTION ANIMAL BEHAVIOUR SUMMARY

To be shared with adopters, please do not include personal information

Date: _____

Pet's name: _____ **Does he/she respond to his/hers name:** Yes No

Diet

4. What kind of food do you feed your pet?: Only dry Only canned Mix of dry/canned Special diet

Brand of food: _____

Frequency and amount of food fed: _____

5. What else does your pet eat? (Table scraps, treats, etc.) _____

Indoor/Outdoor Habits

6. My pet is used to living in a(n): Apartment/condo House with no/small yard House with large yard
 Farm or rural property

7. My pet is house or litter trained: Yes No Sometimes

Comments: _____

8. On average, how many hours a day is your pet left alone?: _____

9. My pet gets _____ walks a day; for _____ minutes each time

10. When I'm not home, my pet is kept: In a crate Isolated to a room/basement Loose in the house
 Outdoors

Comments: _____

11. When it comes to furniture, my pet is: Allowed on all furniture Allowed on some furniture
 Not allowed on furniture Allowed on his/her own bed

Comments: _____

Training/Behaviour notes

12. My pet knows the following commands and has the following training:

13. Behaviour concerns

Current behavior issues: _____

How have you been dealing with these behavior issues so far?:

Current behavior issues: _____

How have you been dealing with these behavior issues so far?:

14. Is there anything other information about your pet that you feel is important for their adopters to know?
