

# POCKET PET OWNER'S QUESTIONNAIRE



**Please fill out this form as completely as possible!** No one knows and loves your pet the way you do. To help us find the best new home for your pet, please provide as much detail as possible about the likes, dislikes, quirks, history, and vet care of your friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does! Our mission is to Save and Enhance Lives!

**Reservations are Required!** After we receive and review your completed Owner's Questionnaire, we will contact you within 24-hours to schedule your intake appointment. Please plan ahead, same-day appointments are not always available. Your appointment is not a drop-off time! Know that appointments last approximately 45-minutes. Don't forget to bring your pet's veterinary history and your pet's favorite toy(s) or bedding to help your pet feel comfortable at our Community Center.

**Return this form via fax to:** 408/262-2131

**Return this form via e-mail to:** [customer\\_care@hssv.org](mailto:customer_care@hssv.org)

## YOUR CONTACT INFORMATION

Your Name: \_\_\_\_\_ Day phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_

**Type of Pocket Pet (please circle):** Guinea Pig      Rat      Hamster      Mouse

**Please fill out as completely as possible. This information will aid with evaluation and possible placement. If you have more than one animal of the same type or a litter, please use the Multiple Animal Supplement at the bottom of the form.**

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: MALE / FEMALE

Reason for bringing this pet to HSSV? \_\_\_\_\_

How long have you cared for this pet? \_\_\_\_\_

Where did you get this pet from? \_\_\_\_\_

Where was this pet housed?  Inside       Yard       Garage       Other: \_\_\_\_\_

Type of housing?  Aquarium       Plastic Habitrail       Wire-bottom cage       Other: \_\_\_\_\_

Type of bedding used?  Paper       Carefresh       Hay       Other: \_\_\_\_\_

Type of food:  Pellets       Seed blend       Fresh fruit/veggies (type): \_\_\_\_\_

Rodent blocks       Supplements       Other (type): \_\_\_\_\_

Feeding Schedule:  am feeding       pm feeding       free-feeding       Other: \_\_\_\_\_

This pet has lived in the same household with:  Adults       Seniors       Children (ages): \_\_\_\_\_

Dogs       Cats       Other (type?): \_\_\_\_\_

Please check as many of the following that describe your pet's habits and behavior? (*check all that apply*):

- |                                                   |                                              |                                                       |
|---------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Outgoing / Friendly      | <input type="checkbox"/> Bite/chew playfully | <input type="checkbox"/> Doesn't like being picked up |
| <input type="checkbox"/> Likes being held         | <input type="checkbox"/> Independent         | <input type="checkbox"/> Fights with cage-mates       |
| <input type="checkbox"/> Likes being pet          | <input type="checkbox"/> Shy of Strangers    | <input type="checkbox"/> Bites when picked up         |
| <input type="checkbox"/> Easy to pick up/put down | <input type="checkbox"/> Skittish / Jumpy    | <input type="checkbox"/> Tries to jump when held      |

What are the pet's favorite toys and activities? \_\_\_\_\_

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Please describe any bad habits or behavioral quirks your pet may have?

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How frequently does the pet interact with people (*circle one*)?      Daily      Every Other Day      Once a Week      Rarely

How many hours per week does the pet spend outside of its cage? \_\_\_\_\_ hours/week

Has the pet ever bitten or seriously scratched anyone?       No       Yes

Name of this pet's veterinarian: \_\_\_\_\_  Never been seen by a veterinarian

Please describe any injuries or illness that the pet's new owner should be aware of:

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Please give any additional comments that may help us place this pet in the right home:

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### Multiple Animal Supplement

Please list any additional pocket pets:

	<b>Pet's Name</b>	<b>Age</b>	<b>Sex (M / F)</b>	<b>Spayed or Neutered?</b>	<b>Relationships*</b>
1					
2					
3					

*\*Please indicate the animal's relationships to one another, ex. sibling to [name], parent to [name], or unrelated companion.*

For how long have these animals lived together?

How often do they interact?     Housed together     Play together     Never together     Other:

Please mark which of the following describe the relationship between these animals (*check all that apply*):

- Adored each other
- Eat together
- Slept next to each other
- Groomed each other
- Played together
- Will not eat if apart
- Other:
- Peacefully co-existed
- Ignored each other
- Avoided each other
- One limits other's access to resources
- Will fight without injuries
- Have fought with injuries

**Thank you for your time!**