

POCKET PET SURRENDER APPLICATION

Humane Society Silicon Valley offers pet surrender services as space and resources allow. Our primary role in the community is to save the lives of animals at risk in local municipal shelters; therefore, we ask that you only consider surrendering your pet to our shelter as a last resort. If you feel you have exhausted all other options, please complete this form as thoroughly as possible and send it back to us via the contact information on the last page. Thank you for your consideration!



Next Steps: Reservations are Required Once we receive the completed application we will contact you within 48 hours to review the information and discuss your options and next steps. Please do not bring your pet to the shelter without an appointment, as drop-in's will not be accommodated.

YOUR CONTACT INFORMATION

Your Name: _____ Primary phone: _____
E-mail: _____ Alt phone: _____
Address: _____ City and Zip: _____

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

Pet's Name: _____ Age: _____ Sex: MALE / FEMALE
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If surrendering more than one pet, have these pets all lived together? Yes, length of time _____ No

How long have you had your pet(s)? _____

Where did you get your pet(s) from? Pet Store (name, location) _____
 Friend or Relative HSSV (when did you adopt?): _____
 Born at home Found stray Other: _____

Where is your 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: a.m. feeding p.m. feeding free-feeding Other: _____

This pet has lived in the same household with: Adults Children
 Dogs Cats Other pets: _____

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 your pet's favorite toys and/or activities?

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

How frequently does your pet interact with people (*circle one*)? Daily Every few days Once a week Rarely

How many hours per week does your pet spend outside of its cage? _____ hours/week

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

Name of your pet's veterinarian: _____ Never been seen by a veterinarian

Please describe any injuries or illness that we should be aware of:

What makes your pet(s) the happiest? _____

What upsets your pet(s) the most? _____

Please give any additional comments that may help us place your pet(s) in the right home:

Thank you for taking the time to fill out this application; this information is key to helping us help you and your pet(s). Please send this completed form to:

HSSV Intake Department

e-mail (preferred): intake@hssv.org

Fax: (408)262-2131

Mail: 901 Ames Ave. Milpitas, CA 95035

Questions? Please contact (408)262-2133 x110