

Small Animal Intake Profile

Today's Date	Animal ID (staff use only)	
Please complete this form to the best of your ability. Your answers will help us get to know the animal and give us some background information. This will ensure that we are able to place the animal in a new home that is best matched with their personality and needs.		
Owner Information		
Name:		_ DOB:
Address:	City:	State: Zip:
Phone: Email:		
Animal Information Name:	Species: Col	lor(s):
	Sex: Male Female Unknown	Spayed/Neutered: ☐ Yes☐ No
Please explain why you are relinquish Health	ou?Where did you obtain	
	rian recently? Veterinary clinic: ealth concerns?	
Is your animal litter-box trained? How often do you handle your small at Does your pet allow you and/or anyou Where does your pet spend most of it What are your animal's favorite toys at What food do you feed your small mat Has your animal had experience with Has your pet had any experience with	yes □ No Preferred Litter/Bedding:	



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Has your animal ever been aggressive with a person	n?
If yes, explain:	
Additional information we should know about your a	nimal:
	eceived from Owners- Please Read Carefully nitial areas below)
	ful owner of the Animal(s), and I have full power and authority to erson has any legal or equitable ownership interest in the Animal(s).
	g the Animal(s) completely voluntarily and that no representations, been made to me by SHHS or any of its representatives.
Animal(s). I will not seek further information a	l(s) to SHHS, I relinquish all ownership or other interest in the bout the Animal(s) and will not press SHHS for details. My contact irrender. SHHS is under no obligation whatsoever to follow up with
causes of action whatsoever arising out of or	SHHS from any and all rights, claims, obligations, liabilities, and relating to the ownership, possession, or disposition of the Animal(s), HHS from and against any and all such rights, claims, obligations, asserted by third parties.
Signature	Dete
Sionalure	Date