



Small Animal/Exotics Admission Information

Pet Species _____ Name _____ SPCA ARN: _____-M

Breed, If Applicable _____ Color _____ Age _____

Is this animal spayed/neutered? ___ yes ___ no Descented? ___ yes ___ no

How long has this animal lived with you? _____

Where did you acquire this pet?

___ SPCA ___ Other Shelter ___ Breeder ___ Pet Shop

___ Friend/Relative ___ Newspaper Ad ___ Stray ___ Other _____

Was this pet housed ___ indoors? ___ outdoors?

If this pet was housed indoors does it like to take "trips" outside? ___ 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

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 _____

Does this pet use the litter box? ___ yes ___ no

___ Corner Pan ___ High Back Pan ___ Regular Cat Pan ___ Other _____

If so what kind of litter do you use? _____

What brand 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 would you describe your household? ___ active ___ noisy ___ average ___ quiet



Has this animal ever nipped or bitten? ____ yes ____ no

If so, please describe: _____

Does this pet do any tricks? _____

Do you have any other pets that this animal had regular contact with? ____ yes ____ no

If so, how many? And what kind? _____

Has this animal received regular veterinary care? ____ yes ____ no

Who is your veterinarian? Name: _____ Telephone: _____

Does this animal have any medical problems? ____ yes ____ no

If so, please describe: _____

Why are you giving up this animal? _____

Is there some type of assistance that we may provide that could help you keep this animal, such as help with spay/neuter, behavior counseling, medical assistance or support? _____

Would you like the new adopter to contact you if they have any questions?

____yes ____ no At what telephone number? (____) _____

Anything else we should know? _____

Are you able to help by making a donation? ____ yes ____ no If so, how much? _____

If the SPCA deems it necessary to euthanize the animal you are returning or surrendering, would you like to be contacted? (please note that in relinquishing this animal you are relinquishing all rights to the animal, and we offer this service as an optional courtesy that we are not obliged to provide.)

_____ YES _____ NO Phone _____

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

Signature: _____ Date: _____

STAFF USE ONLY:

Reviewed by: _____ Date: _____

Counseled about alternatives: _____ Donation: \$ _____