

SMALL ANIMAL PLACEMENT ASSISTANCE REQUEST



Thank you for taking responsibility in finding your small animal (hamster, ferret, guinea pig, turtle, etc.) a new loving home. **Please complete the following form, gather all prior veterinary records (as appropriate) and photographs. (You can return via mail or e-mail Helpline@ourcompanions.org).** Once we receive all of your information, one of our trained Animal Welfare Professionals will contact you and begin the process of finding your adoptable pet a new home.

PLEASE PRINT		YOUR INFORMATION	
Last Name	First	Middle	Date
Home Address			
City		State	Zip Code
Home Phone Number ()	Cell Phone ()	Email	

What type of animal(s) are you looking to place?

How long have you had this pet(s)?

Why are you looking to find a new home for your pet(s)?

Does your pet(s) require any type of special care (diet, medications, etc)?

Is there any other information that would be helpful for us to know in finding a new home for your pet(s)?

Please complete the section below and list each small animal you would like to place:

Name	Age	Sex	Spayed or Neutered?	Additional Information

VETERINARIAN INFORMATION		
Name of your Veterinarian	Name of clinic or hospital	
City	State	Phone Number ()

I, the undersigned, attest that the information that I have provided is factual. I also understand the criteria required to participate in this program and agree to: 1) provide reliable transportation to veterinarian and adoption appointments, 2) keep my small animal(s) until a new home is found, 3) take financial responsibility for the necessary veterinary care.

Signature _____

Date _____

