



Santa Barbara County Animal Services Guinea Pig Owner Questionnaire

Date: _____

Owner's Name: _____ Email address: _____

Address: _____ City/Zip: _____

Phone Number: _____ Alternative Phone Number: _____

The purpose of this questionnaire is to help us learn more about your pet so that we can offer the best possible solution for your pet. Please answer the questions as honestly as possible. There are no right or wrong answers. Thank you in advance for your time.

Please tell us why you are unable to keep your guinea pig: (please circle one)

Housing: Moving Landlord Other: _____

Personal: Not enough time Divorce No money Job loss New baby Illness Death of Caregiver
Other: _____

Behavior: Doesn't get along with other pets Getting out of yard Destroying things Breeding Shy/Fearful
Other: _____

Veterinary: Pregnant Sick Injured Cannot afford veterinary care
Other: _____

If we could assist you to locate resources to overcome your challenge, would you like to keep your guinea pig?

Yes No Maybe *If your answer is yes or maybe, please inform the front desk clerk to see what help is available.

FOR OFFICE USE:

Animal ID #: _____ Shelter arrival date: _____ Staff intake initials: _____

General

1. What is your guinea pig's name: _____
2. How old is guinea pig?: _____ Months / Years
3. How long have you had guinea pig? _____ years/months
4. Is guinea pig: Male Is he neutered: Yes No Female Don't know
5. Does guinea pig have a history of sickness or injury? Yes No Don't Know
If yes, please describe: _____
6. Has guinea pig been pregnant in the past? Yes No Don't Know
7. Could guinea pig be pregnant now? Yes No Don't Know
8. What is the name of your vet or clinic: _____
9. Did you get guinea pig from a rescue? Yes No Don't Know
Animal Services Another shelter Breeder Pet store Found as a stray Born in my home
Rescue: _____ Other: _____
10. Which of these did you feed guinea pig (circle all that apply)
Hay Fresh vegetables Pellets Other: _____
11. What is guinea pig's favorite food(s):

Behavior

12. Is guinea pig (circle all that apply):
Active Inactive Easily startled Curious about new people or things
Shy Friendly Independent Dependent on a friend
13. Does guinea pig relax around (circle all that apply):
Children Dogs Cats Other: _____
14. Does guinea pig (circle all that apply):
Approach people Stand still when people approach Accept petting Sit on laps
Stand still to be picked up Relax when carried Run from people Hide from people
Other, please describe: _____

Household

15. Would you say your household is

Calm Active Noisy Chaotic

16. Did guinea pig live

Alone With one or more guinea pigs of the same sex With one or more guinea pigs of the opposite sex

With another animal If so, what kind _____

How did they get along? _____

17. What would be the ideal new home for guinea pig?

18. Is there anything else you would like to tell us about guinea pig?

19. Is there any other information you would like to provide regarding the reason you are surrendering guinea pig?

Thank you for your time. Your input is important to us and will assist in your pet's transition.
Your pet will be evaluated by Animal Services staff to determine adoptability.