



Date: _____

SMALL ANIMAL PERSONALITY PROFILE

Animal Number: _____

DESCRIPTION

Pet's name(s): _____ Gender: M / F Age: _____ Spayed/Neutered? Y / N

Species: _____ How long have you had the pet? _____

Where did you get the pet? _____

Why are you surrendering this pet? _____

What steps did you take to resolve this issue? _____

What would need to happen for you to keep this pet? _____

Does this pet have any medical issues? Y / N If yes, please describe: _____

Has the pet been seen by a veterinarian for this issue? Y / N

Has the pet ever been seen by a veterinarian? Y / N If yes, who: _____

If the pet is a bird, is it hand/finger trained? Y / N Do you clip the bird's wings? Y / N If yes, are the wings currently clipped? Y / N If the wings are not clipped will the bird fly away? Y / N

GENERAL BEHAVIOR

Describe the personality of the pet: Friendly Shy Affectionate Aggressive

Confident Other, please describe: _____

How many hours per day do you spend handling the pet? _____

Did the pet live with children? Y / N If yes, did the children handle the pet? Y / N

Does the pet enjoy being handled/pet? Y / N

Does the pet bite? Y / N If yes, when/why? _____

Does the pet ever show aggression? Y / N If yes, explain (i.e. when cleaning cage): _____

Is the pet litter box trained? Y / N

Where is the pet kept during the day? Free to roam Inside caged Outside caged

Where is the pet kept at night? Free to roam Inside caged Outside caged

Has the pet lived with any other animals? Y / N If yes, what kind(s)? _____

Did the pet interact with the other animals? Y / N Did it like them? Y / N

Does the pet enjoy/tolerate being groomed/brushed? Y / N Not Applicable

Have you ever trimmed the pet's nails? Y / N If yes, how does the pet react: Tolerates

Tries to escape Other, please describe: _____

(Continues on Back)

DIET

How often do you feed the pet? _____

What type of food is the pet eating (include brand names if possible): _____

Do you offer any supplements i.e. vitamins, calcium, etc.? _____

Is the pet given fresh fruits and/or vegetables? If yes, what and how often? _____

Does the pet have any dietary restrictions? If yes, what are they? _____

Please let us know if there is any additional dietary information about the pet: _____

Additional comments or information: _____
