

Small Animal Personality Profile



General Information:

Pet's Name:			
Age:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed or Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of pet:			
Where did you get your pet?			
How long have you had this pet?			
If surrendering multiple pets, were they housed together?			

Why are you bringing your pet to us? (Check all that apply)

<input type="checkbox"/> Needs more exercise	<input type="checkbox"/> Has bitten or scratched	<input type="checkbox"/> Pet is ill
<input type="checkbox"/> Too shy/fearful	<input type="checkbox"/> Runs away/escapes	<input type="checkbox"/> Family difficulties
<input type="checkbox"/> Owner illness	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Moving
<input type="checkbox"/> Can't afford	<input type="checkbox"/> Found as a stray (can't keep)	<input type="checkbox"/> Allergies to the pet
<input type="checkbox"/> Not good with children	<input type="checkbox"/> Destructive behavior	<input type="checkbox"/> Can't be handled
<input type="checkbox"/> No time for proper care	<input type="checkbox"/> No pets allowed at my residence	<input type="checkbox"/> New baby
<input type="checkbox"/> Too much energy	<input type="checkbox"/> Litter box issues	<input type="checkbox"/> Doesn't get along with other pets in home
<input type="checkbox"/> Other (Please Explain):		

Please tell us more about your family (fill in the numbers of individuals by age and gender that live in your household):

Age Range (Years)	Male	Female
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

Staff Use Only
Animal #:
Intake Date:

Personality and Behavior:

1. Is your animal handled on a regular basis?

Yes No

2. How does the pet respond to handling? (Check all that apply)

Calm Nervous but tolerant Kicks Strug- gles
 Vocalizes Becomes aggressive Tries to bite

3. How does your animal react to the following:

	Never Encounters	Good / Tolerant	Afraid	Growls / hisses	Scratches	Bites	None of These
People your pet is familiar with:							
Men							
Women							
Children							
Other Animals:							
Dogs							
Cats							
Other Situations:							
Vet visits							
Nail Clipping							
Being held							
Being petted							

Home Life/General Health:

1. Where does your pet live?

Inside Outside Both

2. What type of enclosure does he/she live in?

Cage Aquarium Pen/Fence Free roaming in home

3. How big is the cage/enclosure? _____

4. What does your pet eat (pellets, hay, crickets, etc.)? _____

5. Does your pet have any medical concerns? _____

6. Who is your veterinarian? Name: _____ Phone #: _____

7. **FOR REPTILES/AMPHIBIANS:**

For snakes, when is the last time he/she ate? _____

What type of heat source do you use? _____

Does your pet need to be sprayed/misted? _____

What temperature is your pet used to? _____