Animal Information Form

My pet’s name is: ___________________________  Breed: ___________________________

Is your pet: Male / Female  How old is your pet? ____________ (Years/Months/Days)

How long have you owned your pet? ________________ (Years/Months/Days)

Has your pet ever bitten anyone?  □ Yes  □ No

Why are you surrendering your pet: ________________________________________________

□ Don’t want
□ Not getting along with other people (please list): ________________________________
□ Not getting along with other pets (please list): _________________________________
□ Biting:
  o Do the bites draw blood?  □ Yes / □ No
  o Why does your pet bite? ________________________________
□ Behavior issues (please list) ___________________________________________________
□ Other: ___________________________________________________________________

Where did you get the pet?
□ Breeder  □ Pet Store  □ Friend  □ Family  □ Shelter

What type / brand of food does your pet eat? _______________________________________

How much do you feed your pet? _________________  How often do you feed your pet? __________

Does your pet have any favorite treats? __________________________________________

Would you describe your pet as a “picky eater”? Yes □  No □
Please explain: _________________________________________________________________

This pet is kept:  □ Indoor  □ Outdoor  □ Both

What do you keep your pet in?
□ Aquarium – size: __________________________  □ Hutch – size: _______________________
□ Wire caging, explain: __________________________  □ Other type: _______________________
□ Free access of:  □ House  □ Yard  □ Other: ________________________________

How much time do you spend holding your pet each day:
□ Never  □ 1-2 hrs  □ 4-8 hrs  □ 8-10 hrs  □ Other: _______________________________

Does this pet enjoy being held or handled?  Yes □  No □
If no please explain: __________________________________________________________

Does your pet have any areas it doesn’t like to be touched?
□ Back  □ Tail  □ Feet  □ Ears  □ Neck  □ Face  □ Abdomen  □ Other: __________________
How many hours a day is this pet left alone
- Less than 4 Hours
- Between 4-8 hours
- Between 8-12 hours
- More than 12 hours

How does your pet behave with?
- Kids:
  - Friendly
  - Playful
  - shy/fearful
  - Protective
  - Aggressive
- Adults:
  - Friendly
  - Playful
  - shy/fearful
  - Protective
  - Aggressive
- Animals:
  - Friendly
  - Playful
  - shy/fearful
  - Protective
  - Aggressive

What animals does your pet not get along with? _______________________________________

Has your pet been around other animals?  
- Yes  
- No  

Cats
- Dogs
- Ferrets
- Birds
- Other: ____________________________________________

How would you describe this pet overall?
- Calm
- Friendly
- Playful
- Curious
- Vocal
- Cuddly
- Clingy
- Outgoing
- Standoffish
- Shy
- Confident
- Dependent
- Independent
- Fearful
- Aggressive

Has this pet ever bitten anyone?  
- Yes  
- No

If yes please explain: ____________________________________________________________

When was the last time your pet was at the veterinarian? ______________________________

Does your pet have any health problems?  
- Yes  
- No

If yes please explain: ______________________________________________________________

Please add any additional information that you feel would be helpful for us, or a new owner. This will help us make the best possible match with a new home.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

May we contact you for further information if it is needed?  
- Yes  
- No