

Animal Information Form



Animal # _____



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:
 - Do the bites draw blood? Yes / No
 - 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?



- | | | | | | |
|-----------------|-----------------------------------|----------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|
| <i>Kids:</i> | <input type="checkbox"/> Friendly | <input type="checkbox"/> Playful | <input type="checkbox"/> shy/fearful | <input type="checkbox"/> Protective | <input type="checkbox"/> Aggressive |
| <i>Adults:</i> | <input type="checkbox"/> Friendly | <input type="checkbox"/> playful | <input type="checkbox"/> shy/ fearful | <input type="checkbox"/> Protective | <input type="checkbox"/> Aggressive |
| <i>Animals:</i> | <input type="checkbox"/> Friendly | <input type="checkbox"/> playful | <input type="checkbox"/> shy/ fearful | <input type="checkbox"/> Protective | <input type="checkbox"/> Aggressive |

➤ What animals does your pet not get along with? _____

Has your pet been around other animal? Yes No

- Cats Dogs Ferrets Birds Other: _____

How would you describe this pet overall?

- | | | | | |
|------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Friendly | <input type="checkbox"/> Playful | <input type="checkbox"/> Curious | <input type="checkbox"/> Vocal |
| <input type="checkbox"/> Cuddly | <input type="checkbox"/> Clingy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Standoffish | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Dependent | <input type="checkbox"/> Independent | <input type="checkbox"/> Fearful | <input type="checkbox"/> 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

