



Small Pet/Exotics Profile

Pet Species _____ Pet's Name _____

Breed, if applicable _____ Color _____ Age _____ Weight (approx.) _____

Sex: Male ___ Female ___ Spayed or neutered? _____ Descended? Yes ___ No ___ Unsure ___

Where did you acquire your pet? _____

How old was he/she when you acquired him/her? _____

How long has your pet lived with you? _____

Has your pet received regular veterinary care? Yes ___ No ___

If so, who is your veterinarian? _____

Does your pet have any medical issues? Yes ___ No ___

If so, please describe _____

Why are you surrendering your pet? (circle all that apply)

- Allergy (yours) Behavioral Issues Cannot Afford Cat Aggressive Doesn't Like Adults Doesn't Like Kids Dog Aggressive Escapes
- Existing Pet Doesn't Like Medical Care Generally Aggressive House Training Issues Landlord Lost Our Home Military Transfer
- Moving Pet Responsibility/Time Commitment Unrealistic Expectations Other

Please explain why you need to relinquish your pet in your own words: _____

If we were able to provide you with a solution for the issue that is causing you to surrender your dog (free food, low cost veterinary care, training, or behavioral help), would you consider keeping your pet? Yes ___ No ___

Was this pet housed: Inside ___? Outside ___?

If this pet was housed indoors, does it like to take "trips" outside? Yes ___ No ___

Does this pet walk on a leash? Yes ___ No ___

In what kind of enclosure was this pet housed? Single Level Cage ___ Multi Level Cage ___ Aquarium ___ Free Roam ___ Other ___

Please describe _____

If applicable, on average how many hours a day does your pet spend outside of its cage? _____

What type of bedding do you use? Cloth ___ CareFresh ___ Newspaper ___ Pine or Cedar Shavings ___ Pine Pellets ___ Other _____

Does your pet use a litter box? Yes ___ No ___

Corner Pan ___ High Back Pan ___ Regular Cat Pan ___ Other _____

If so, what kind of litter do you use? _____

What brand of food does your pet eat? _____

What treats does your pet like? _____

Does your pet take any supplements? _____

How many of the following people lived with your pet?

Adult Men ___ Adult Women ___ Seniors ___ Children: Ages of Children _____

How would you describe your household? Active ___ Noisy ___ Average ___ Quiet ___

What type of toys or games does your pet like? _____

Does your pet do any tricks? _____

Has your pet ever nipped or bitten? Yes ___ No ___

If so, please describe _____

Do you have any other pets that this pet had regular contact with? Yes ___ No ___

If so, how many? And what kind? _____

By signing below, you acknowledge that the provided information is true to the best of your knowledge.

Your Signature _____

Your Printed Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Thank you for answering these questions honestly. Everything you have told us about your dog is important to aid us in finding him/her an appropriate home. If there is any that you would like to add, please do so below.