



Pet Profile - Other Animals

Please take the time to thoughtfully complete the entire form to help us understand your animal's needs and determine how we can best assist you. PLEASE ALLOW 10-15 MINUTES to complete the form. This information is required for all incoming animals (one form for each pet please).

Owner Info

Today's Date _____ Owner's Name _____

Email Address _____ Phone Number _____

Alternate Phone Number(s): _____ Is this your first visit? Yes No

Street Address _____

City, State, ZIP code _____

What is your county of residence? _____

Pet Overview

1. How did you obtain this pet? Be as specific as possible. _____
 - a. If adopted from another shelter or rescue agency, which one? _____
2. How long have you owned this pet? _____
3. Please tell us why you need to find a new home for your pet today? _____

4. If for behavior related reasons, have you sought behavior assistance from a professional? Yes No
 - a. If yes, what modification or management was tried? _____
 - b. Did the recommendations work? _____
5. Is your pet microchipped? Yes No Unknown Microchip number? _____
 - a. Is your pet's microchip registered to you? Yes No
 - b. If no, who is the chip registered to? Please include contact information: _____
6. Is this animal sick or injured right now? Yes No If yes, please describe: _____
 - a. Have you taken this animal to a veterinarian for this illness or injury? Yes No
 - b. Has your pet been treated for this or any other medical conditions? Yes No
7. We would like to help your pet remain a part of your family. If resources are available, are you interested in keeping your pet? Yes No
8. HSPPR may be able to assist with the following, check all that apply:
 Free behavior consultation Assistance with a pet deposit or pet rent (application required)
 Pet food Low/No cost spay or neuter Low/No cost vaccines
 Pet supplies (Items? _____) Other (please explain: _____)

All about (pet's name): _____

This pet is: Female Male

Is this pet spayed/neutered? Yes No

How old? (years/ months) _____ What color(s)? _____

What species? (please be specific) _____

Favorite game to play _____ Toy _____ Treat _____

Place to sleep _____ Place to be pet/scratched _____

Other "favorites" we should know about: _____

Is the pet used to being held? Yes No

Does (s)he enjoy being held? Yes No

Is your pet litterbox trained (common for rabbits, ferrets, guinea pigs etc.)? Yes No

Fear Behavior

1. Is the pet afraid of anything or anyone? Please list: _____

2. What does the fearful behavior look like? _____

Health History

REPTILES ONLY

Are there any shedding concerns or abnormalities? Yes No

If yes, explain: _____

BIRDS ONLY

Have you had any birds die recently in the home? Yes No

Are there any signs of illness for this bird (depression, not eating, or difficulty breathing)? Yes No

If yes, please describe: _____

Has this animal come into contact with sick or dead birds recently? Yes No Last exposed: _____

Roommate History

1. Has the pet lived with children? Yes No If yes, what ages? _____

2. How does the pet react to children? _____

3. Has the pet lived with other animals to include dogs, cats, small pets, poultry, livestock? Yes No

If yes, please describe the other animals: _____

4. How does the pet react to other animals? _____

BIRDS ONLY

Is your bird the only bird in the home? Yes No

Is this animal part of a flock? Yes No

Does this bird spend time outside? Yes No

Has this bird been exposed to other birds, wild or domestic? Yes No

History with People and Animals

- 1. Have you ever felt unsafe around this pet? **Yes** **No** If yes, please explain: _____

- 2. Has this pet ever harmed a person, including members of your family or non-family members? **Yes** **No**
 - a. If yes, please list who was harmed: _____
 - b. What was the injury? _____
 - c. Please describe the incident(s) leading up to the bite: _____

Lifestyle

- 1. What type of housing has been provided for this pet? Please be detailed: _____

REPTILES ONLY	
Caging: _____	Temperature: _____
Substrate: _____	Humidity Levels: _____

- 2. Mealtime: what type of food (including brand) and how often is the pet fed? _____

REPTILES ONLY	
Does this pet eat: <input type="checkbox"/> Live <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen	Date of last feed: _____
Amount per feeding: _____	Supplements (i.e., protein powder)? _____

- 3. Snacks: What else does this pet eat/enjoy? Please include any fresh veggie/fruit/seed, etc. preferences

- 4. What kind of regular exercise is your pet used to? _____

RABBITS ONLY	
Does this rabbit spend time outside? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when was the last time this rabbit was outside? _____	
Has this rabbit been exposed to other rabbits within the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have those rabbits been: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	
Has this rabbit been exposed to other rabbits outside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how long ago? _____	

Is there anything else that you think we should know about your pet that we haven't asked?
