Small Companion Animals
Personality Profile

Type of pets(s):
- Rabbit
- Guinea Pig
- Hamster
- Gerbil
- Mice
- Rat
- Ferret
- Chinchilla
- Bird: _______________
- Other: _______________

Pet’s name: ______________________

Gender: □ Male □ Female       Spayed/Neutered: □ Yes □ No

Where did you acquire this animal(s): _______________________________________

How long have you owned this animal(s): ____________________________________

Surrendering reason: _________________________________________________________

Has the animal(s) ever given birth: □ Yes □ No

Has the animal(s) ever been in contact with any other animal(s): □ Yes □ No

Same or other species: ____________ When was the last time: ___________________
How did s/he get along with the other animal: _________________________________

Has the animal(s) been housed indoors or out: □ In □ Out □ Both

Type of habitat (tank, wire cage, free roaming in house): _______________________

What bedding materials were used for the animal(s): ___________________________

Animal(s) uses a litterbox: □ Yes □ No
Has the animal(s) ever been to a vet: □ Yes □ No

Name/phone number of vet:_________________________________________________

What brand of (commercial) food has the animal(s) been eating:
Pellets:_______________  Hay: _________________  Other: ______________________
___________________________________________________

What else do you feed your animal:___________________________________________

How does the animal drink water - bowl or bottle:_______________________________

Animal(s) temperament/personality (friendly, shy, aggressive, fearful, etc.):
________________________________________________________________________

Favorite toys: ___________________________  Games: _____________________________

Animal(s) is afraid of:_________________________________________________________

**Health issues**

What health problems has the animal(s) had: (fleas, ticks, fur mites, ear mites, dental problems, skin problems, runny eyes, runny nose, sneezing, anorexia, digestive problems):
________________________________________________________________________

What type of treatment did you seek:___________________________________________
________________________________________________________________________

Have the health issues occurred within the past 12 months:____________________
________________________________________________________________________

Additional comments:________________________________________________________
________________________________________________________________________