



Date: _____

A#: _____

Small Companion Animals Personality Profile

Type of pet(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: _____
