



Pocket/Exotic Pet Surrender Profile
Your honesty on this profile is extremely crucial to finding the right placement for this pet. Please be honest and thorough.

Case Number: _____

Surrender Date: _____

Part I – Basic Information

Pet's Name: _____ Sex: _____ Spayed/Neutered? _____

Species/Breed: _____ Color: _____

Where did you get your pet? _____

If s/he was acquired from a previous owner, s/he was rehomed to you because: _____

How long have you owned your pet? _____

Why are you surrendering your pet? _____

How long has this been an issue? _____

Does s/he have any past or present medical concerns? If yes, please list below:

Is s/he on any medication? If yes, please list: _____

What vet clinics has s/he been to: _____

Whose name would the records be under? _____

My diet can be described as follows:

I am used to eating in the: AM PM Food at all times

My diet consists of: _____

As treats, I get to eat: _____

I am use to eating greens: Yes No

I drink water by: Bottle Bowl

Part 2 – General Behavior History

Please choose a maximum of three attributes that best describe your pet:

- | | | | |
|-------------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Playful/Active | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Protective | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Destructive | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Noisy | <input type="checkbox"/> Withdrawn/Shy | <input type="checkbox"/> Plays rough | <input type="checkbox"/> Hyper |

Is s/he litter trained? Yes Mostly No

Where does s/he spend most of their time? _____

How long is s/he let out/interacted with per day?

- N/A 30min -1hr 1-2hrs 3-4hrs 4+hrs

Describe your pet's ideal home:



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Part 3 – Reactive/Bite History

Has your pet ever bitten or attempted to bite? Yes No – **If no please move to Part 4.**

How many times has your pet bitten or attempted to bite? _____

Did the bite(s) break skin? No Yes, number of times: _____

If yes, was the most recent bite within the last 10 days? Yes No

Explain the circumstances of the various bites, including the situation up to the incident, what caused your pet to bite, and who or what the pet bit/attempted to bite:

First Incident: Person Animal: _____

Situation leading up to the bite:

What caused your pet to bite:

Second Incident: Person Animal: _____

Situation leading up to the bite:

What caused your pet to bite:



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Part 4 – Interactive Animal Behavior History

Does your pet live with or has lived with cats? Yes No

If yes, describe the typical interactions between your pet and cats?

Does your pet live with or has lived with dogs? Yes No

If yes, describe the typical interactions between your pet and dogs?

Does your pet live with or has lived with other small animals? Yes No

If yes, describe the typical interactions between your pet and the other small animals?

Please check all behaviors listed below that your pet has **ever** shown. Please note that snap = bite at air no teeth to skin contact; bite = teeth come in contact with skin even if no visible damage.

What behaviors has your pet shown in the following situations?		Has not interacted with N/A	Friendly	Afraid/ Avoids	Ignores / Aloof	Grumpy	Bites
When disturbed while sleeping or resting	You and your family						
	Your other animals						
	New Adults						
	New Children						
Body Handling (brushing, petting, nail trimming, being picked up)	You and your family						
	New Adults						
	New Children						

Additional Comments – please write anything you would like to add about your pet below.