



# Small Animal/Reptile/Bird/Pocket Pet Pet Profile & Owner Release

Kitsap Humane Society  
9167 Dickey RD NW  
Silverdale, WA 98383  
(360) 692-6977

Pet Information			
Pet's Name:			
Intake #:		Type/Species:	
Breed:		Color:	
Age/D.O.B:		Sex:	
Spayed/Neutered?		Microchip/Tattoo?	
How long have you had your pet?		Did you adopt your pet from the KHS?	
Reason for Surrender:			
Enjoys:		<input type="checkbox"/> Balls <input type="checkbox"/> Boxes <input type="checkbox"/> Wheels <input type="checkbox"/> Plush Toys <input type="checkbox"/> Laser Pointers <input type="checkbox"/> Wheel <input type="checkbox"/> Paper Bags <input type="checkbox"/> Being Handled/Held <input type="checkbox"/> Baths <input type="checkbox"/> Spray Bottle/Mister <input type="checkbox"/> Music <input type="checkbox"/> Toys: Please describe which toys:	
Good With:		<input type="checkbox"/> Cats <input type="checkbox"/> Small Dogs <input type="checkbox"/> Large Dogs <input type="checkbox"/> Birds <input type="checkbox"/> Pocket Pets (gerbils, hamster, mice) <input type="checkbox"/> Children (Ages: _____) <input type="checkbox"/> New People/Strangers	
NOT Good With:		<input type="checkbox"/> Cats <input type="checkbox"/> Small Dogs <input type="checkbox"/> Large Dogs <input type="checkbox"/> Birds <input type="checkbox"/> Pocket Pets (gerbils, hamster, mice) <input type="checkbox"/> Children (Ages: _____) <input type="checkbox"/> New People/Strangers	
Afraid of:		<input type="checkbox"/> Bathing <input type="checkbox"/> Car Rides <input type="checkbox"/> Loud Noises <input type="checkbox"/> Nail Trimming <input type="checkbox"/> Thunder <input type="checkbox"/> Vacuum <input type="checkbox"/> Vet Visits <input type="checkbox"/> Children <input type="checkbox"/> Other:	
What kind of cage/ habitat does your pet use? Where is it kept?			
Does your pet use a litter product? If so, what type/how/where?			
How many times per week was the habitat/cage cleaned?			
What do you feed your pet?		<input type="checkbox"/> Pellets <input type="checkbox"/> Seed Mix <input type="checkbox"/> Mixed Food <input type="checkbox"/> Insects: type- _____ <input type="checkbox"/> Fruits and Veggies: list all-  <input type="checkbox"/> Other:	
How often is your pet fed? /What schedule does your pet receive which food items?			
What kind of treats does your pet enjoy?		Brand: _____	
How often did your pet leave the habitat/cage for handling or play?		<input type="checkbox"/> Always inside habitat <input type="checkbox"/> Sometimes outside habitat <input type="checkbox"/> Often outside habitat <input type="checkbox"/> Mostly outside habitat	
Is your pet most active...		<input type="checkbox"/> During the Day <input type="checkbox"/> At Night <input type="checkbox"/> In the Morning <input type="checkbox"/> In the Evening	
Reaction to Strangers:		<input type="checkbox"/> Friendly <input type="checkbox"/> Hides <input type="checkbox"/> Timid <input type="checkbox"/> Aggressive <input type="checkbox"/> None	
Has the pet ever bitten?		<input type="checkbox"/> No <input type="checkbox"/> Yes, when reaching into cage <input type="checkbox"/> Yes, when handled <input type="checkbox"/> Yes, when frightened/startled <input type="checkbox"/> Yes, other:	
Temperament:		<input type="checkbox"/> Friendly <input type="checkbox"/> Playful <input type="checkbox"/> Active <input type="checkbox"/> Shy/Afraid <input type="checkbox"/> Calm <input type="checkbox"/> Cuddly <input type="checkbox"/> Hyper <input type="checkbox"/> Smart <input type="checkbox"/> Aggressive	

Does the Pet Tend to:	<input type="checkbox"/> Escape cage/habitat <input type="checkbox"/> Scratch/Bite While Playing <input type="checkbox"/> Chew Plants <input type="checkbox"/> Scratch Carpet <input type="checkbox"/> Scratch Furniture <input type="checkbox"/> Stay Active at Night <input type="checkbox"/> Vocalize ("talk") <input type="checkbox"/> Other:
Does your pet know any <b>tricks, commands, songs, words</b> ?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Describe:
When was the last Vet Visit?	
Vet Clinic Name and phone number:	
Does your pet have any past or current health issues or special care needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes, describe:

What do you like most about your pet? What would the ideal home be for this pet? \_\_\_\_\_

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