



Inform # \_\_\_\_\_

## SMALL ANIMAL PERSONALITY PROFILE

Thank you for taking the time to fill out this background information sheet regarding your pet. The best picture of how your pet will be in a new home is how your pet behaved with you. Please answer all the questions honestly and completely. The VHS can find the best home for your animal with detailed, accurate information.

|                      |                                |               |  |  |
|----------------------|--------------------------------|---------------|--|--|
| <b>INTRODUCTIONS</b> | <b>MY NAME and NICKNAME(S)</b> | <b>MY AGE</b> | <b>MY SEX</b>  | <b>AM I SPAYED OR NEUTERED ALREADY?</b>  |
|                      |                                |               | <input type="checkbox"/> FEMALE<br><br><input type="checkbox"/> MALE | <input type="checkbox"/> YES<br>Vet that altered me: _____<br><br><input type="checkbox"/> NO<br><input type="checkbox"/> UNSURE |

I lived in my home for \_\_\_\_\_.

|   |   |                                    |
|---|---|------------------------------------|
| <b>My family acquired me through the following way:</b> |   |                                    |
| <input type="checkbox"/> As a gift                      | <input type="checkbox"/> Adopted from VHS             | <input type="checkbox"/> Friend    |
| <input type="checkbox"/> From a breeder                 | <input type="checkbox"/> Adopted from Animal Control  | <input type="checkbox"/> Relative  |
| <input type="checkbox"/> From a pet store               | <input type="checkbox"/> Adopted from another shelter |                                    |
| <input type="checkbox"/> Found as a stray               | Shelter name: _____                                   | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Born at home                   | _____   |                                    |

If I was acquired from someone in the third column above, my previous home couldn't keep me anymore because \_\_\_\_\_.

|                       |   |   |  |  |
|-----------------------|---|---|--|--|
| <b>MY PERSONALITY</b> | <b>The following words could be used to describe my personality:</b>            |   |  |  |
|                       | <input type="checkbox"/> Cuddly   | <input type="checkbox"/> Opinionated  | <input type="checkbox"/> Cautious  | <input type="checkbox"/> Shy                           |
|                       | <input type="checkbox"/> Active   | <input type="checkbox"/> Playful  | <input type="checkbox"/> Inquisitive   | <input type="checkbox"/> Other                         |
|                       | <input type="checkbox"/> Easy-going   | <input type="checkbox"/> Mellow   | <input type="checkbox"/> Social  | _____  |
|                       | <b>When being held/picked up, I react in the following ways:</b>                |   |  |  |
|                       | <input type="checkbox"/> I struggle a lot! I prefer petting instead of holding. | <input type="checkbox"/> I struggle at first but quickly calm down and enjoy the attention. | <input type="checkbox"/> I am calm. I love being held and spending time with people! |  |
|                       | <b>When I am unhappy I react in the following ways:</b>                         |   |  |  |
|                       | <input type="checkbox"/> Try to get away  | <input type="checkbox"/> Kick   | <input type="checkbox"/> Nip/Bite  | <input type="checkbox"/> I break the skin when I bite. |
|                       | <input type="checkbox"/> Make unhappy noises                                    | <input type="checkbox"/> Thump my feet  | <input type="checkbox"/> I've bit and broke skin during the last 10 days.            |  |

|                            |  |   |
|----------------------------|--|---|
| <b>LITTER BOX TRAINING</b> | <b>The following scenarios could be used to describe my litter box training:</b>   |   |
|                            | <input type="checkbox"/> I've never had access to a litter box. I'm not sure how to use one.   | <input type="checkbox"/> I always use my litter box when I'm in my cage. I frequently and/or always forget to use my litter box when I'm out of my cage.      |
|                            | <input type="checkbox"/> I'm still learning about litter boxes. I frequently poop when out to play but virtually all of my urine is contained in my cage/litter box. | <input type="checkbox"/> I always use my litter box. When I'm out playing, I remember to return to my cage for pooping and urinating. I never have accidents. |

|  |  |  |  |                                 |
|--|--|--|--|---------------------------------|
| <b>MY FAVORITE THINGS</b>                              | <b>The following things are my absolute favorites:</b> |  |  |                                 |
|  | <b>TOYS</b>  |  | <b>TYPES OF ATTENTION</b>              |                                 |
|  | <input type="checkbox"/> Newspaper                     | <input type="checkbox"/> Balls           | <input type="checkbox"/> Cheek rubs    | <input type="checkbox"/> Kisses |
|  | <input type="checkbox"/> Cardboard box                 | <input type="checkbox"/> Stuffed animals | <input type="checkbox"/> Ear rubs      | <input type="checkbox"/> Hugs   |
|  | <input type="checkbox"/> Noisemakers                   | <input type="checkbox"/> Wheels          | <input type="checkbox"/> Eskimo kisses | <input type="checkbox"/> Other  |
|  | <input type="checkbox"/> Chew toys (wooden)            | <input type="checkbox"/> Exercise balls  | <input type="checkbox"/> Back rubs     |                                 |
| <input type="checkbox"/> Paper towel/toilet paper roll | <input type="checkbox"/> Other _____                   | <input type="checkbox"/> Belly rubs      | _____                                  |                                 |

|                                   |  |  |
|-----------------------------------|--|--|
| <b>MY LIFE WITH CHILDREN</b>      | <input type="checkbox"/> <b>I have not lived with children.</b>                          |  |
|                                   | <input type="checkbox"/> <b>I have lived with children of the following ages:</b> _____. |  |
|                                   | <b>If I've lived with children, the following words describe my behavior with them:</b>  |  |
|                                   | <input type="checkbox"/> Friendly  | <input type="checkbox"/> I enjoy being petted by kids, but I'm scared when they hold me. |
|                                   | <input type="checkbox"/> Afraid  | <input type="checkbox"/> I prefer to play with older kids.                               |
|                                   | <input type="checkbox"/> Snappy  | <input type="checkbox"/> I prefer a home without kids.                                   |
| <input type="checkbox"/> Tolerant | <input type="checkbox"/> Other _____   |  |

I am used to living  Inside only  Inside and outside  Outside only.

|                                   |  |                                     |   |
|-----------------------------------|--|-------------------------------------|---|
| <b>MY LIFE WITH OTHER ANIMALS</b> | <input type="checkbox"/> <b>I have not lived with other animals.</b>   |                                     |   |
|                                   | <input type="checkbox"/> <b>I have lived with the following types of animals:</b>                                    |                                     |   |
|                                   | <input type="checkbox"/> Dogs  | <input type="checkbox"/> Rabbits    | <input type="checkbox"/> Hamsters/Gerbils |
|                                   | <input type="checkbox"/> Cats  | <input type="checkbox"/> Ferrets    | <input type="checkbox"/> Guinea pigs      |
|                                   | <input type="checkbox"/> Birds   | <input type="checkbox"/> Reptiles   | <input type="checkbox"/> Other _____      |
|                                   | <input type="checkbox"/> <b>I have not been allowed to play with these animals outside of my cage.</b>               |                                     |   |
|                                   | <input type="checkbox"/> <b>I have been allowed to play with these animals, and I've reacted the following ways:</b> |                                     |   |
|                                   | <input type="checkbox"/> Playful   | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Afraid   | <input type="checkbox"/> Aloof   | _____                               |   |

|                                |  |  |
|--------------------------------|--|--|
| <b>MY PAST MEDICAL HISTORY</b> | <input type="checkbox"/> <b>I have no known medical problems.</b>                            |  |
|                                | <input type="checkbox"/> <b>I have old injuries or health problems such as</b> _____.        |  |
|                                | <input type="checkbox"/> <b>I need special medications such as</b> _____.                    |  |
|                                | <input type="checkbox"/> <b>I have not been to the vet in the past year.</b>                 |  |
|                                | <input type="checkbox"/> <b>I have been to the vet in the past year. My doctor is</b> _____. |  |
|                                | <input type="checkbox"/> <b>My medical records are under</b> _____'s name.                   |  |

|                |   |  |
|----------------|---|--|
| <b>MY DIET</b> | <input type="checkbox"/> <b>I am used to eating at the following times:</b> |  |
|                | <input type="checkbox"/> AM _____   | <input type="checkbox"/> PM _____ <input type="checkbox"/> Food left out at all times <input type="checkbox"/> Other _____ |
|                | <input type="checkbox"/> <b>My main diet consists of</b> _____.             |  |
|                | <input type="checkbox"/> <b>As treats, I get to eat</b> _____.              |  |

My owner's/guardian's couldn't keep me anymore because \_\_\_\_\_.

The perfect home for me would be \_\_\_\_\_.

**THANK YOUR FOR TAKING THE TIME TO LET ME TELL MY STORY!**