

PET PROFILE

Humane Society of Central
Oregon
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Bend, OR 97702
541-382-3537
www.hSCO.org



Finding your beloved animal companion the best guardian when you can no longer care for them is important to us. Filling in this form will assist us in finding your pet the best home possible.

Please use a separate sheet for each Pet Profile.

Contact Development Director Becky Stock 541-382-3537 with any questions.

Section 1. Basic Information About You and Your Pet

Pet owner's name:

Information current as of this date:

Address:

City/State/Zip:

Phone:

Personal Representative (Family, lawyer, etc.):

Phone:

Pet's name:

Please describe your pet's physical attributes (i.e. breed, color, weight, eye color, short/long-haired, distinguishing markings, etc.) Please attach a color photo if available.

Type of animal, (check one) Cat Dog Rabbit Other, please specify

Sex of pet (check) Male Female Spayed/Neutered

Pet's age: _____ How long has this animal lived with you?: _____

Does your pet have a microchip? Yes No If yes, what is the microchip number?

List five important things a new guardian should know about your pet.

What beliefs/philosophy about appropriate care would you like your pet's new guardian to have in common with you?
(Example: *Pets should be treated like members of the family*)

The information about my pet supplied on this form is accurate as of (date):

Does your pet have pet insurance? Yes No Insurance policy number:

(Continued)

Section 2. Your Pet's Lifestyle

How would you describe your pet's current living situation (*i.e. very quiet, few visitors, noisy, busy, frequent visitors?*)

Where does your pet primarily live? Indoors Outdoors Other

Describe the ideal home for your pet (*attach additional sheets if necessary*):

What do you think would help your pet adjust to a new home (*favorite toy, blanket, etc.*):

How would you describe your pet's personality?

Describe any bad manners your pet has:

List three things your pet loves:

List three things your pet dislikes/is afraid of (*i.e. thunder, fireworks, dogs, etc.*):

Is there any part of your pet's body that (s)he doesn't like touched?

What has your pet done to show you (s)he doesn't like it?

Describe your pet's daily schedule (*include feeding time, walks, exercise, etc.*):

What do you feed your pet, and in what quantity (*be specific: brand name, canned, dry, table food, treats, etc.*)?

When do you feed your pet (*once daily, twice daily, P.M., A.M.*):

What are his/her favorite activities?

Does (s)he have any favorite toys/games?

Where does your pet sleep at night?

Where is your pet when you're at home?

(Continued)

How many hours each day does a person interact with your pet?

Where do you leave your pet when you're not home?

What is the longest period of time your pet spends alone?

Does your pet travel well in the car? Yes No Does your pet go with you on vacation? Yes No

If no, how do you care for him/her (*which boarding kennel, pet sitter, etc.*)?

Section 3. Your Pet's Health

Who is your pet's veterinarian?

What is your pet's behavior at the vet? Scared/nervous Friendly Aggressive Other

Does your pet have any allergies Yes No If yes, please list

Please describe any medical/health condition(s) we should know about.

Please list any medications needed by your pet.

Section 4. Your Pet and Children

Has your pet lived with children? Yes No If yes, what ages?

Has your pet visited with children? Yes No If yes, what ages? How often?

Is your pet good with children? Yes, always Only sometimes No, Never

Describe circumstances when your pet is not good with children (*eating, sleeping, etc.*)

How does your pet behave around children generally? Playful Friendly Tolerant Afraid

Section 5. Your Pet and Other Animals

What types of animals has your pet lived with (*please include sex, age, species, etc.*):

Describe how they got along.

Does (s)he spend unsupervised time with these pets? Yes No

Is your pet bonded to any other animals in your household? Yes No If yes, who?

What types of animals has your pet visited/played with?

(Continued)

How does (s)he behave around pets outside of your family (*check one*) Ignores Plays Aggressive

Describe circumstances when your pet is not good with other animals (*eating, attention given other animals*):

Section 6. Specifics About Your Dog (*Complete this section only if your pet is a dog. More animals listed later*)

Do you trust your dog loose indoors, unsupervised?

Do you trust your dog outside unsupervised?

What type of confinement do you use when your dog is outside? (fenced yard, runner, etc.)

Is your dog housetrained?

You does your dog tell you (s)he needs to go potty?

Have you ever used a crate for training your dog?

What is your dog's reaction to visitors at the door?

How long does it take him/her to calm down when someone comes to the house?

Has your dog nipped at anyone? Yes No If yes, who?

If yes, under what circumstances?

Can you approach or pet your dog when (s)he is eating?

Can you take toys or food out of your dog's mouth if (s)he has stolen something?

Is your dog's behavior better or worse with particular people? (uniforms, small children, etc.)

Has your dog ever killed another animal? Yes No If so, what species?

Does your dog chase any of the following (circle all that apply) Adults Kids Squirrels Cats Bikes Cars
Other:

Is your dog aggressively protective of his/her (circle all that apply) Food Home Car Family Bed Toys

Please describe what daily exercise your dog is given.

What commands does your dog know?

How often do you bath your dog? Trim nails? Take him/her to the groomer?

Section 7. Specifics About Your Cat (*Complete this section only if your pet is a cat. More animals listed later*)

Does your cat use a litter box?

Does (s)he spray? Is your cat declawed? Does your cat use a scratching post/pad?

(Continued)

Please circle – Is your cat an: indoor only outdoor only indoor/outdoor

How long does it take your cat to adjust to new situations?

Where is your cat's favorite place to nap?

Circle all qualities that describe your cat: Shy Friendly Nervous Unsociable Reserved Independent
Affectionate Social Playful Energetic Curious

How often do you bath your cat? Trim nails? Take him/her to the groomer?

Section 7. Specifics About Your Bird, Rabbit, Rodent, etc.

What kind of housing does your pet have? (wire cage, glass aquarium, etc.)

What special needs does your pet have? (special diet, heat lamp, etc.)

What do you feed your pet? (be specific, hay, vegetables, fruit, nuts, seed, etc.)

Does your pet need any special grooming? If yes, please describe

Does (s)he drink water from a bottle or dish?

Does your pet like to be handled? If yes, what's the best way?

If your pet is a rabbit, does (s)he use a litter box? Does (s)he live indoors?