



# Surrendered Exotic Profile

STAFF: \_\_\_\_\_

DATE: \_\_\_\_\_

I originally got my pet from: \_\_\_\_\_ I've owned him/her for: \_\_\_\_\_ yrs.

I kept my pet in this type of housing: \_\_\_\_\_

My pet spends this much time outside of his/her enclosure daily:

- None     Less than 1 hour     1-2 hours     2-4 hours     4 or more hours

In terms of ease of handling, my pet is:

- Very easy to handle     Somewhat easy     Neither easy nor difficult     Difficult

My pet has interacted with:     Dogs     Cats     Other: \_\_\_\_\_

My pet usually behaves in the following way around:

- |           |                                   |                              |                                      |                                     |                                  |
|-----------|-----------------------------------|------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| Cats:     | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |
| Dogs:     | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |
| Children: | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |
| Strangers | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |

My pet eats (please include details on amount and how often)

\_\_\_\_\_

My pet was last seen by a veterinarian on: \_\_\_\_\_ at \_\_\_\_\_  
DATE VET PRACTICE NAME / VET'S NAME

My pet has the following health concerns: \_\_\_\_\_

Other helpful information about my pet:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_