



ODD ANIMAL PERSONALITY PROFILE

Please answer as completely and precisely as you can. Please use a separate form for each pet. Truthful answers will not affect your status as a PAWS client.

Name: _____ Month/Year of Birth: _____
Species: _____ Approximate if not known
Breed: _____ Sex: _____
Male Female
Spayed/Neutered: _____ Color: _____
Yes/No

Where did you get your animal? _____
How long have you been his/her guardian? _____

What type of food and feeding schedule is the animal used to?
Type _____
Brand _____
Schedule _____

Is there any type of food this animal will not eat? _____

Animal is: Housebroken _____ Occasionally has accidents _____
Paper trained _____ Not housebroken _____

Where does the animal sleep at night? _____
(Would you be willing to donate housing with your animal? _____)

Check all that best describe this animal:
_____ Affectionate _____ Likes to be held _____ Independent
_____ Leash trained _____ Talkative _____ Passive
_____ Quiet _____ Feisty

The animal has lived in the same household with: _____ Dogs
_____ Cats _____ Caged Birds _____ Children (ages) _____
_____ Other animals (what kind? _____)

Was this successful? _____

What vet clinic does the animal currently go to?

Any health problems, now or in the past? Yes _____ No _____
Explain _____

Is the animal on medication now? Yes _____ No _____
If yes, what type _____



Around children, the animal is:

_____ Playful _____ Relaxed _____ Shy _____ Nervous
_____ Indifferent _____ Defensive
_____ I do not recommend this animal for children

Has the animal ever severely scratched anyone? Yes _____ No _____

If yes, under what circumstances? _____

Has the animal ever bitten anyone? Yes _____ No _____

If yes, under what circumstances? _____

Other comments: _____

Owner's Name: _____

Date: _____