

PET PROFILE



OREGON
HUMANE
SOCIETY

Friends Forever®

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

Use a separate form for each pet that you want to enroll in the *Friends Forever* program.

Contact the OHS Vice President for Development, Gary Kish at (503)416-2988 with any questions.

SECTION A: Basic Information About You and Your Pet

(Please fill out this section completely.)

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 of your pet if available.)

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

Sex of pet (*check one*) Male Neutered Male Female Spayed Female

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

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

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?

(i.e. 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 Policy # _____

(continued)

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 Outside 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 (*be specific: brand name, canned, dry, table food, treats, etc.*)? _____

_____ How much food do you feed your pet? _____

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 are home? _____

For 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.*)?

(Continued)

Your Pet's Health

Who is your pet's veterinarian? _____ At which clinic? _____

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 _____

Does your pet have any medical/health condition(s) we should know about? Yes No

If yes, describe _____

Does your pet need any medications? Yes No If yes, please list _____

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 (*i.e. eating, sleeping, etc.*) _____

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

Shy Too Rough Hides Aggressive Other _____

Your Pet and Other Animals

What types of animals has your pet lived with (*please include sex, age, species, etc.*)?
_____ Please describe how they got along _____

Does (s)he spend time unsupervised 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? _____

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

Describe circumstances when your pet is not good with other animals (*i.e. eating, attention given to other animal, etc.*)? _____

SECTION B: Specifics About Your Dog

(Complete this section only if the pet is a dog. If the pet is a cat skip to Section C, for other animals skip to Section D.)

Do you trust your dog loose indoors, unsupervised? Yes No If no, why? _____

Do you trust your dog outside unsupervised? Yes No If no, why? _____

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

Is your dog housetrained? Yes No If no, please explain _____

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

Have you ever used a crate for training your dog? Yes No If yes, when and why? _____

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 ever nipped at anyone? Yes No If yes, who? _____

If yes, under what circumstances? _____

(Continued)

Has (s)he ever bitten and drawn blood? Yes No If yes, please explain _____

Have you ever petted or approached your dog when (s)he is eating? Yes No

If yes, what is the response? _____

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

Who can safely do this? _____

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

Has your dog ever killed any other animal? Yes No If yes, what species? _____

Does your dog chase any of the following (check all that apply)? Adults Kids Squirrels Cats
 Bicycles Cars Other _____

Is your dog aggressively protective of his/her (check 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 do you get him/her to respond (*i.e. treats, praise, whistle, voice, hand signals, etc.*) _____

How often do you bathe your dog? _____ Trim his/her nails? _____ Take him/her to a groomer? _____

SECTION C: Specifics About Your Cat

(Complete this section if your pet is a cat. For other animals, skip to Section D.)

Does your cat use a litter box? Yes No If no, please explain _____

Does (s)he spray? Yes No Is your cat declawed? Yes No

Does your cat use a scratching post? Yes No If your cat lives indoors, does (s)he ever go outside? Yes No

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

Where is your cat's favorite place to nap? _____

What qualities describe your cat (check all that apply)? Shy Friendly Nervous Unsociable
 Reserved Independent Affectionate Social Playful Energetic Curious

How often do you bathe your cat? _____ Trim his/her nails? _____ Take him/her to a groomer? _____

SECTION D: Specifics About Your Rabbit, Bird, Rodent, etc.

(Complete this section for pets other than dogs or cats.)

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, fruits, nuts, seeds, etc.*)? _____

Does your pet need any special grooming? Yes No If yes, please describe _____

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

Does your pet like to be handled? Yes No If yes, what's the best way? _____

If your pet is a rabbit, does (s)he use a litter box? Yes No Does (s)he live indoors? Yes No