

Reptile/Amphibian Surrender Profile

First & Last Name (please print clearly): _____

Address: _____

Phone Number: _____

Email Address: _____

ANIMAL ACCOUNT # _____ Birth Date/Age: _____

Pet's Name: _____ Gender: Male Female

Unknown

Species: _____

1. Where did you acquire this pet?

HAWS

Found/Stray

Friend/Relative

Breeder

Newspaper/Online

Pet Store

Animal Shelter (Please specify) _____

Other: _____

2. Please explain why you are surrendering your pet:

Feeding

1. What type of foods does your pet eat? _____

Brand(s) of Food _____

Brand(s) of Treats _____

2. Does your pet receive any supplements?

No

Vitamins (with D3)

Vitamins (without D3)

Calcium (with D3)

Calcium (without D3)

Brand(s) of Supplements _____

3. How often is your pet fed, and when was their last feeding? _____

4. If your pet is fed insects or rodents, are they:

Frozen/thawed

Live

Pre-killed

Freeze-dried

5. Is your pet fed:

Inside of their enclosure

In a separate feeding bin/area

6. How would you describe your pet's eating habits?

Picky eater

Loves their food!

7. Does your pet have any dietary restrictions? _____

Habitat

1. What material is your pet's cage made of?

Glass

PVC/plastic

Wood

Other: _____

2. What size is your pet's cage? Please give dimensions in either gallons or preferably Length x Width x Height _____

3. Is your pet provided any UVB? If so, please specify type/brand of bulb (if known) and when it was last changed _____

4. Please list the highest and lowest temperatures in your animal's enclosure (if known)

5. Please give the average humidity in your animal's enclosure (if known)

Demeanor/Behavior

1. What is your pet’s reaction towards the following people? (Check all that apply)

	Never Met	Reserved	Friendly	Afraid	Scratches/bites
Kids Under 2					
3-7 Years					
8-12 Years					
Men					
Women					
Strangers					

If your pet has scratched/bitten, please explain circumstances: _____

2. What other animals live in your home? Please check all that apply

- No other animals
- Cats
- Dogs
- Birds
- Other reptiles/amphibians
- Other small mammals

3. What is your pet’s reaction towards other animals in the household, if they’ve met?

- No direct exposure to other pets
- Doesn’t care about other animals
- Shy, hesitant, may not respond
- Fearful, backs away, hides
- Defensive, changes color, hisses, takes other action
- Chases/stalks them

4. How does your pet typically react to the following activities? (Check all that apply)

	Never Tried	Enjoys	Allows	Afraid	Scratches/Bites
Bathe					
Pick up					

Hold					
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5. What are your pet's favorite games, toys, or treats? _____

Health

1. Has your pet seen a veterinarian?
 Yes No

If "Yes," when? _____

If "Yes," was it for a specific health problem? _____

Veterinarian Clinic Name: _____

2. When was your pet's last shed? _____

3. Does pet typically shed:
 All in one piece Certain body parts at a time
 In many small pieces Requires help to finish shedding

Last Notes

Are there any wonderful, special traits or habits that you would like your pet's new family to know about?

