



## Pet Profile

*The loss of a human companion can be devastating for a pet. With the comfort of familiar surroundings gone, a favorite toy or daily routine can help a great deal. The information you provide here can greatly influence the success of your animal's transition into a new home. Be as detailed as possible and provide additional information if necessary—your pets will thank you for it! Fill out a separate profile for each of your pets and send them to the executor of your will, your attorney, your pet guardians, SpokAnimal (if we are named), and any family or friends who can help ensure your wishes are carried out. Update profiles as needed and keep them with your important papers. You can download additional Guardian Angel forms at [spokanimal.org/guardianangel.php](http://spokanimal.org/guardianangel.php).*

Your name: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Type of animal: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:  F  M

Spayed/neutered:  yes  no Age: \_\_\_\_ Today's date: \_\_\_\_\_ ID tag:  yes  no Microchip:  yes  no

Tattoo:  yes  no This is my only pet:  yes  no This pet is one of \_\_\_\_\_ pets in my care (write in total number of animals you own) Declawed (cat)  yes  no How long have you owned your pet? \_\_\_\_ How old was pet when adopted? \_\_\_\_\_ Where did you get your pet? \_\_\_\_\_ Did your pet have previous owners? Please give contact information, if known: \_\_\_\_\_

Current diet (brand names, preferred food and treats, etc.): \_\_\_\_\_

Feeding schedule/amount fed: \_\_\_\_\_

Ongoing medications/supplements: \_\_\_\_\_

Conditions requiring vet supervision, symptoms to watch for, previous surgeries, physical limitations, allergies, etc:

Favorite toys, games and habits (describe in detail): \_\_\_\_\_

Where does your pet sleep? \_\_\_\_\_

My pet lives:  strictly indoors  outside  in and out  in a garage or porch Does your pet use a fenced yard?  yes  no

My pet is:  housebroken  not housebroken  uses a litter box only  uses outside and a litter box  sometimes has accidents

How does your pet ask to go out?: \_\_\_\_\_

Does your pet go for regular walks? Include time of day, favorite locations, etc: \_\_\_\_\_

My pet has lived with:  other animals (list types): \_\_\_\_\_  children (list ages): \_\_\_\_\_

Describe any difficulties: \_\_\_\_\_

My pet has the following training/knows the following tricks: \_\_\_\_\_

Please list any verbal/non-verbal word or commands your pet responds to, as well as ways he/she communicates with you: \_\_\_\_\_

Describe in detail your pet's daily routine (walking, feeding, playing, bedtime): \_\_\_\_\_

Please check all that apply to your pet:

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> rides well in the car     | <input type="checkbox"/> fights                  | <input type="checkbox"/> gets along with cats      | <input type="checkbox"/> outgoing/friendly       | <input type="checkbox"/> moderately active |
| <input type="checkbox"/> walks well on a leash     | <input type="checkbox"/> fights                  | <input type="checkbox"/> gets along with dogs      | <input type="checkbox"/> active/high energy      | <input type="checkbox"/> nervous/skittish  |
| <input type="checkbox"/> obedience trained         | <input type="checkbox"/> uses scratching post    | <input type="checkbox"/> scratches/chews furniture | <input type="checkbox"/> sleeps a lot            |  |
| <input type="checkbox"/> talkative/vocalizes a lot | <input type="checkbox"/> claws/bites playfully   | <input type="checkbox"/> likes being groomed       | <input type="checkbox"/> independent             |  |
| <input type="checkbox"/> quiet/reserved            | <input type="checkbox"/> likes being held/petted | <input type="checkbox"/> playful                   | <input type="checkbox"/> anxious when left alone |  |
| <input type="checkbox"/> adaptable                 | <input type="checkbox"/> a lap animal            | <input type="checkbox"/> hyperactive               | <input type="checkbox"/> protective              |  |

My pet definitely likes or dislikes (check all that apply):

- |  |   |
|--|---|
| men: <input type="checkbox"/> likes <input type="checkbox"/> dislikes <input type="checkbox"/> neutral <input type="checkbox"/> don't know       | women: <input type="checkbox"/> likes <input type="checkbox"/> dislikes <input type="checkbox"/> neutral <input type="checkbox"/> don't know    |
| children: <input type="checkbox"/> likes <input type="checkbox"/> dislikes <input type="checkbox"/> neutral <input type="checkbox"/> don't know  | cats: <input type="checkbox"/> likes <input type="checkbox"/> dislikes <input type="checkbox"/> neutral <input type="checkbox"/> don't know     |
| dogs: <input type="checkbox"/> likes <input type="checkbox"/> dislikes <input type="checkbox"/> neutral <input type="checkbox"/> don't know      | birds: <input type="checkbox"/> likes <input type="checkbox"/> dislikes <input type="checkbox"/> neutral <input type="checkbox"/> don't know    |
| livestock: <input type="checkbox"/> likes <input type="checkbox"/> dislikes <input type="checkbox"/> neutral <input type="checkbox"/> don't know | uniforms: <input type="checkbox"/> likes <input type="checkbox"/> dislikes <input type="checkbox"/> neutral <input type="checkbox"/> don't know |

Any other likes, dislikes, fears, or triggers a new owner should know about? (Closely bonded with other pet(s) in home, sensitive areas to avoid grooming/petting, favorite areas to scratch, reactivity to certain breeds or situations, best way to pick up/handle etc): \_\_\_\_\_

How does your pet respond to strangers?: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Hospital: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other hospital with your pet's health records?: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_

Check all vaccinations your pet received in the past year:  Rabies  Kennel cough  DHLPP  FDV  FeLV  FIP  Pet not current with vaccinations

I wish to name SpokAnimal as my pet's guardian through the Guardian Angel Care Program. Mail a copy of this form and your Enrollment Form to: SpokAnimal, Guardian Angel Care Program, 710 N Napa Street, Spokane, WA 99202.

Is there anyone SpokAnimal can contact who may be interested in adopting, fostering or helping find this animal a new home?

Name: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Thank you for being a responsible pet companion*