



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.

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