

Guardian Angel Program

# 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 ease this difficult transition. The information you provide here can greatly influence the success of your animal's adjustment to a new home. Be as detailed as possible and provide additional information if necessary—your pets will thank you for it! Complete a separate Pet Profile for each of your pets and provide copies to the executor of your will, your attorney, your pet guardians, SPCA Monterey County (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 also complete, print, and send your Pet Profile online, or download additional forms at [SPCAmc.org/guardian-angel](http://SPCAmc.org/guardian-angel)*

Today's Date: \_\_\_\_\_

Pet Owner's Name: \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Pet's name \_\_\_\_\_ Type of animal \_\_\_\_\_ Breed \_\_\_\_\_

Sex:  F  M Spayed/neutered:  yes  no

Pet's Date of Birth (or estimated age): \_\_\_\_\_ ID tag  yes  no

Microchip?  yes  no Microchip Company: \_\_\_\_\_ Microchip Number: \_\_\_\_\_

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)

How long have you owned your pet? \_\_\_\_\_

How old was the 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.): \_\_\_\_\_

\_\_\_\_\_

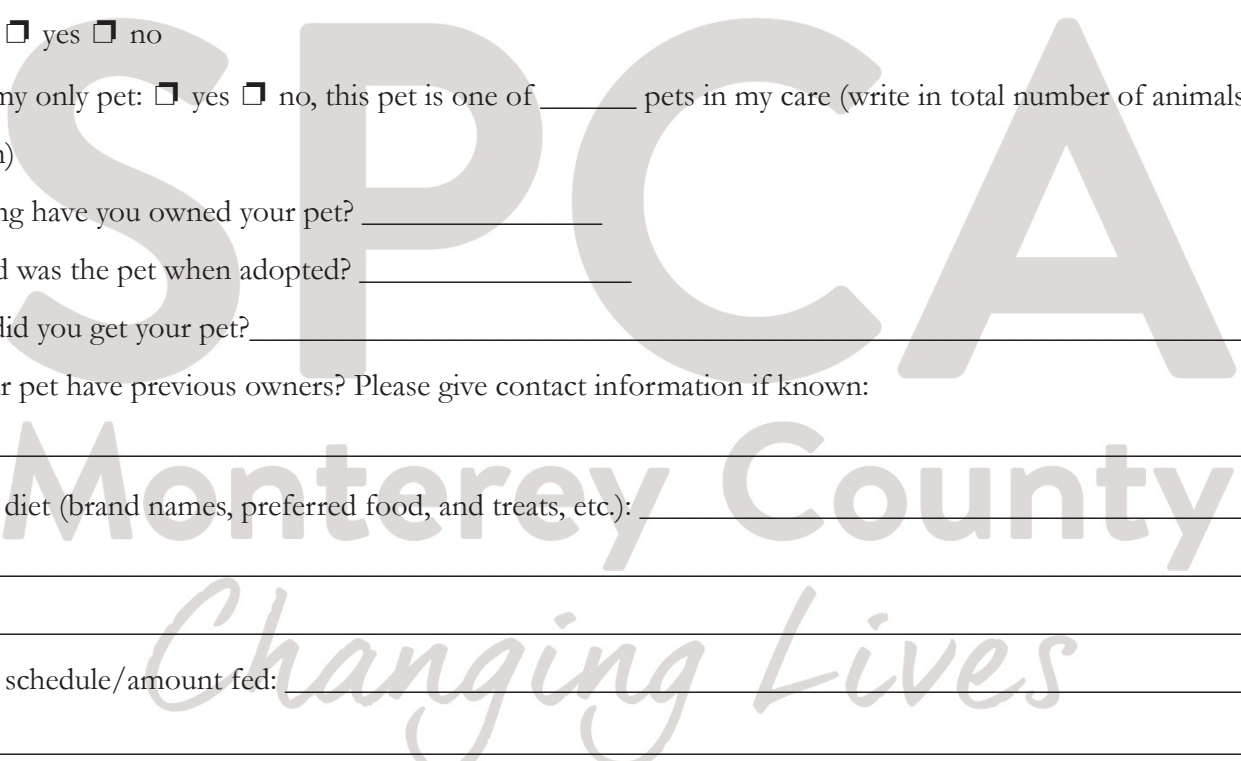
\_\_\_\_\_

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

\_\_\_\_\_

Ongoing medications/supplement: \_\_\_\_\_

\_\_\_\_\_



## Guardian Angel Program

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) \_\_\_\_\_

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

# Guardian Angel Program

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

**Men**  likes  dislikes  neutral  don't know

**Women**  likes  dislikes  neutral  don't know

**Children**  likes  dislikes  neutral  don't know

**Cats**  likes  dislikes  neutral  don't know

**Dogs**  likes  dislikes  neutral  don't know

**Birds**  likes  dislikes  neutral  don't know

**Livestock**  likes  dislikes  neutral  don't know

**Uniforms:**  likes  dislikes  neutral  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 \_\_\_\_\_ Clinic Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Other hospital(s) with your pet's health records? \_\_\_\_\_

Phone \_\_\_\_\_

Check all vaccinations your pet received in the past year:

Rabies (dog/cat)  not sure

Kennel cough (dogs)  not sure

DHLPP (dogs)  not sure

FDV  not sure

FeLV (feline leukemia)  not sure

FIP  not sure

Pet not current with vaccinations

Is there anyone SPCA can contact who may be interested in adopting, fostering, or helping to find this pet a new home? (family, friends, neighbors, pet sitters, groomers, etc.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

## Guardian Angel Program

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I wish to name SPCA Monterey County as my pet's guardian through the Guardian Angel Future Care Program.** Mail a copy of this Pet Profile and your Guardian Angel Enrollment Form to:

SPCA Monterey County, Guardian Angel Future Care Program

P.O. Box 3058, Monterey, CA 93942-3058

You can complete forms online at [SPCAmc.org/guardian-angel](http://SPCAmc.org/guardian-angel) or email them to [Development@spcamc.org](mailto:Development@spcamc.org)

I understand that if my pet has painful or untreatable medical or behavioral problems, is extremely feeble, or has severe anxiety it may be extremely difficult to find a willing caretaker. It may be inhumane to make my pet endure the physical and psychological stress/trauma of transitioning to a new home. I do not object to humane euthanasia if it is in the best interest of my animal.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for taking this step to prepare for the future of your animal companions!*

