

# GUARDIANS FOR LIFE



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Date \_\_\_\_\_

Your name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ email \_\_\_\_\_

In the event of my illness or death, I have made arrangements with The Marin Humane Society to care for my pet(s). Please contact them at once, as my pet(s) will need to be cared for immediately.

Signature \_\_\_\_\_

*Please use one form for each of your pets. Make copies of this form and send one to The Marin Humane Society, one to the Executor of your estate, another to your family or friends, and keep one with your important papers.*

Please Inform (family member, close friend, etc.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

The Executor of your Estate

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

(Please affix a color photo of your pet)

Type of animal \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Name of pet \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Breed \_\_\_\_\_ Does your pet have a microchip or tatoo? \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_ Where did you get your pet? \_\_\_\_\_

Your pet is:..... House/Litterbox trained  Not house trained  Occasionally has accidents

Your pet lives:..... Strictly indoors  Outside  In garage/porch  In & out

At night your pet sleeps:..... Strictly indoors  Outside  In garage/porch  In & out

Your pet has lived in the same household with:..... Other animals (what kind) \_\_\_\_\_

Your pet has lived in the same household with:..... Children (what ages) \_\_\_\_\_

Was this successful? \_\_\_\_\_

Your pet is compatible with:  Cats  Dogs  Other animals and livestock  Small children

Your pet's feeding time is: \_\_\_\_\_

Your pet's diet is:..... Canned  Semi-moist  Dry food Brand \_\_\_\_\_

Check as many of the following that describe your pet's behavior habits:

- Meows/barks a lot
- Rides well in car
- Fights with cats/dogs
- Walks on leash
- Reserved
- Independent
- Uses scratching post
- Claws/bites playfully
- Hunts rodents/birds
- Likes being held
- Outgoing/friendly
- Feisty and active
- Scratches/chews furniture
- Lap animal
- Likes being groomed
- Shy of strangers
- Playful
- Sedate

Does your pet have any preferences, dislikes, phobias or habits? \_\_\_\_\_

\_\_\_\_\_

Please list verbal/non-verbal commands your pet responds to as well as ways he/she communicates.

\_\_\_\_\_

What is your pet's daily routine — walking, feeding, playing and bedtime? \_\_\_\_\_

\_\_\_\_\_

Does your pet have any favorite games he/she plays with, or any toys or possessions? \_\_\_\_\_

\_\_\_\_\_

Please provide a health history for your pet.

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Does your pet have any recurring health problems?

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Is your pet on any current medication(s)?

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Does your pet have any special dietary needs?

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Does your pet have any allergies to foods, medications, fleas or flea control products?

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Special care instructions:

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When did your pet have his/her last vaccinations? \_\_\_\_\_

Who is your pet's **veterinarian**? \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_