



The SPCA of Monterey County

Guardian Angel Future Care Program

Pet Profile

Please make copies of this blank form before completing so you have extras and can fill out a separate Profile for each of your pets. After completion, send copies to the executor of your will, your attorney, your pet guardians, The SPCA of Monterey County (if we are named), and any family or friends who can help ensure your wishes are carried out. Keep copies for yourself with your important papers.

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 use additional paper if necessary – your pets will thank you for it!

Your Name _____ Phone _____

Address _____ City, State _____ Zip _____

Spayed/Neutered? yes no Age _____ Today's Date _____ ID Tag? yes no Micorchip/tattoo? yes no

This is my only pet yes no This 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? _____

Did your pet have previous owners? If known, include name, etc. _____

Current Diet (brand names of preferred food, preferred treats, etc.) _____

Feeding Schedule/amount fed _____

Any ongoing medications, supplements or conditions requiring veterinary supervision? _____

Any allergies? _____

Any physical limitations? _____

Favorite toys, possessions or games (describe in detail) _____

Favorite place(s) to 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 sleeps: strictly indoors outside in and out in a garage or porch

My pet is: houstrained not houstrained 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 regularly scheduled walks? Include time of day, favorite locations, etc. _____

My pet has lived in the same household with children (list ages) _____ Other animals (list types) _____

Was this successful? yes no If no, please describe: _____

Please list any verbal/non-verbal words/commands your pet responds to, as well as ways your pet communicates with you:

My pet has the following training/knows the following tricks: _____

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 with other cats/dogs | <input type="checkbox"/> outgoing/friendly | <input type="checkbox"/> moderately active |
| <input type="checkbox"/> walks well on a leash | <input type="checkbox"/> gets along with other cats/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"/> meows/barks 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 | Birds: | <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 | Livestock: | <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 | Uniforms: | <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 | Other: | <input type="checkbox"/> likes | <input type="checkbox"/> dislikes | <input type="checkbox"/> neutral | <input type="checkbox"/> don't know |

In general, how does your pet respond to strangers? _____

Any other likes, dislikes or fears a new owner should know about (sensitive areas to avoid when grooming, best way to pick up, favorite areas to scratch/pet, etc)?

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 (cat/dog) not sure Kennel cough (dogs) not sure

DHLP-P (dogs) not sure FDV FeLV (feline leukemia) not sure FIP not sure pet not current with vaccinations

Check here if you wish to have The SPCA of Monterey County named as your pet's guardian through the Guardian Angel Program. Mail a copy of this form and your Pet Care Notification form to: The SPCA of Monterey County, Guardian Angel Future Care Program, P.O. Box 3058, Monterey, CA 93942-3058

Is there anyone whom The SPCA can contact for you who may be interested in adopting this animal?

Name _____ Phone (_____) _____

Address _____ City, State _____ Zip _____

Additional names/phone numbers? _____



The SPCA of Monterey County

Guardian Angel Future Care Program

Pet Care Notification Form

Please complete a separate Pet Care Notification Form for each pet in your care (make as many extra copies of this blank form that you might need before you fill it out). After completion, send copies to the executor of your will, your attorney, your pet guardians, The SPCA of Monterey County, and any family or friends who can help ensure your wishes are carried out. Keep copies for yourself with your important papers. (Call The SPCA at 373-2631 or 422-4721, ext. 221 if you have questions or need additional forms.)

Your Name _____ Phone (day) _____ (eve) _____

Address _____ City, State _____ Zip _____

E-mail Address _____

In the event of my severe illness or death, I have made arrangements with the following guardian (and/or The SPCA of Monterey County) to care for my pets. Please contact them at once, as my pet(s) will need to be cared for immediately. The following person has agreed to be my pet's (check one): Life-long guardian Temporary guardian

Name _____ Phone (_____) _____

Address _____ City, State _____ Zip _____

In the event of my illness or death, please inform The SPCA to (check one):

- Accept guardianship of my pet
 Work with the temporary guardian to help place my pet

The SPCA of Monterey County
PO Box 3058
Monterey, CA 93942
(831)373-2631 or 422-4721

Your signature _____

The Executor of your will:

Name _____ Phone (_____) _____

Address _____ City, State _____ Zip _____

Pet Identification:

Pet's Name _____

Type of Animal _____

Breed _____

Sex F M Spayed/Neutered? yes no

Age _____ Today's Date _____

ID tag and collar? yes no

Microchip or tattoo? yes no

This is my only pet yes no

This is one of _____ pets in my family
(Write in total number of pets and complete a separate Pet Care Notification form for each animal).

Please affix a color photo of your pet here