



# 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:  housetrained  not housetrained  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:

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

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

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*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)?

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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

DHLPP (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? \_\_\_\_\_

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