

**Requirements for Guardians Program participation:**

Pet guardian is a member of our Legacy Society (you've left a future gift to Marin Humane in your estate plan). Pet guardian listed has returned this completed enrollment form to Marin Humane.

Date \_\_\_\_\_ Pet Name \_\_\_\_\_

Type of Animal \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ My pet is 1/2 of a bonded pair with \_\_\_\_\_

Spayed/Neutered \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

Pet guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE INFORM (family member, close friend, etc.)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Executor of your estate \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Does your pet have a microchip or tattoo? If yes, # and brand, or describe \_\_\_\_\_

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

Your pet is ☐ House/Litterbox trained ☐ Not House/Litterbox trained ☐ Occasionally has accidents

Your pet lives ☐ Strictly indoors ☐ Outside ☐ In garage/porch ☐ In and out

At night your pet sleeps ☐ Strictly indoors ☐ Outside ☐ In garage/porch ☐ In and 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 Brand \_\_\_\_\_

Check all that describe your pet's behavior and habits

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Meows/barks a lot     | <input type="checkbox"/> Uses scratching post  | <input type="checkbox"/> Scratches/chews furniture |
| <input type="checkbox"/> Rides well in car     | <input type="checkbox"/> Claws/bites playfully | <input type="checkbox"/> Lap animal                |
| <input type="checkbox"/> Fights with cats/dogs | <input type="checkbox"/> Okay w/clipping nails | <input type="checkbox"/> Likes being groomed       |
| <input type="checkbox"/> Walks on leash        | <input type="checkbox"/> Likes being held      | <input type="checkbox"/> Shy of strangers          |
| <input type="checkbox"/> Reserved              | <input type="checkbox"/> Outgoing/friendly     | <input type="checkbox"/> Playful                   |
| <input type="checkbox"/> Independent           | <input type="checkbox"/> Feisty and active     | <input type="checkbox"/> Sedate                    |

Please provide a brief health history for your pet \_\_\_\_\_

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Does your pet have any recurring health problems? \_\_\_\_\_

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Please list your pet's medication(s) if any \_\_\_\_\_

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

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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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Any special care instructions? \_\_\_\_\_

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Please describe your pet's preferences, dislikes, phobias, or habits \_\_\_\_\_

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

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Does your pet have any favorite games, toys or possessions? \_\_\_\_\_

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Please complete a separate form for each pet. Make copies of each completed form and return one to Marin Humane with a labeled photo of your pet, one to the Executor of your estate, one to your family or a friend, and keep one with your important documents.

**Please return this form to:**

**Marin Humane Guardians Program, 171 Bel Marin Keys Blvd., Novato, CA 94949**

**For more information, please call 415.506.6233**