

Finding your beloved animal companion the best guardian when you can no longer care for them is important to us. Filling out this form will assist us in finding your pet the best home possible. Please use a separate form for each pet that you want to enroll in the Peace of Mind Program.

SECTION A: PET OWNER INFORMATION

Information current as of this date: _____

Pet owner’s name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email address: _____

Personal Representative (family, lawyer, etc.): _____ Phone: _____

SECTION B: BASIC PET INFORMATION

Pet’s Name: _____

Type of animal: Dog Cat Rabbit Other

Sex of pet: Male Neutered male Female Spayed female

Please describe your pet’s physical attributes (breed, color, weight, eye color, distinguishing markings, etc.). Please attach a color photo of your pet if available. _____

Pet’s age: _____ How long has this animal lived with you? _____

Is your pet microchipped? _____ If yes, what is the chip number? _____

Does your pet have pet insurance? _____ If yes, what is the policy number? _____

SECTION C: PET LIFESTYLE INFORMATION

Where does your pet primarily live? Indoors Outdoors Other

Does your pet travel well in the car? Yes No

Questions? Contact Mondy Lamb, Vice President of Philanthropy
plannedgiving@spcawake.org | 919-532-2086

List three important things we should know about your pet:

- 1. _____
- 2. _____
- 3. _____

List three things your pet loves:

- 1. _____
- 2. _____
- 3. _____

List three things your pet fears/dislikes:

- 1. _____
- 2. _____
- 3. _____

What are his/her favorite activities?

Describe your pet's daily schedule:

What do you feed your pet (specify brand, canned/dry, table food, treats, what time, how often, etc.)?

SECTION D: PET MEDICAL INFORMATION

Who is your pet's veterinarian? _____

Clinic name: _____

Does your pet have any medical/health conditions we should know about? Yes No

If yes, please describe: _____

Does your pet need any medications? Yes No If yes, please describe: _____
