



Helen Woodward Animal Center Pet Guardianship Program - Dog Profile Form

(Please complete one form per animal & attach a photo)

Pet Owner Information

Name (s): _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different from above): _____

Telephone No: _____

Executor of Estate _____

Other important contacts: _____

Bequest amount to Helen Woodward Animal Center (optional information)

*Confidential _____

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Pet Information (Please attach a photo of pet)

Name of Dog _____

Date of Birth _____

Weight _____

Breed _____

Personality _____

Where/When did you acquire this dog?

Likes and Dislikes _____

Fears _____

Medical Problems _____

Average time alone _____

Where does he/she usually stay during the day? _____

Where does he/she usually sleep at night? _____

Housebroken? Yes No

If no, explain _____

Indicates need to go by _____

Does he/she get along with other dogs? _____

If not, please explain _____

Get along with cats? _____

If not, please explain _____

Protects food? Yes No

If yes, explain _____

Has bitten? Yes No

If yes, explain _____

Exposure to children _____

Reaction to strangers _____

Destructive behaviors _____

Does he or she protect the home? _____

Training _____

Rides well in car: Yes No

If no, explain _____

Type of food/brand fed: _____

Any additional information about the pet _____

Signature

Date

Please report significant changes regarding this information at (858) 756-4117 ext. 347. You may attach additional information regarding your pet. Thank you for thinking of the Helen Woodward Animal Center.