



Pet Guardianship

LOVING FOR LIFE ENROLLMENT & PET BIOGRAPHY

Name (Mr./ Mrs. /Ms.) _____
Street _____
City _____ State _____ Zip _____
Home Phone _____ Office/Mobile _____
Date _____ Closest Relative _____ Phone _____

INFORMATION ABOUT MY PET

Name _____ Species _____
Breed _____ Age _____ Sex _____ Spayed/Neutered _____ Yes _____ No _____
Primary Color _____ Secondary Color _____
Size: Small _____ Medium _____ Large _____ Approximate Weight: _____
Favorite Food(s) _____
Feeding Times _____

Veterinarian's Name _____
Veterinarian's Address _____
Veterinarian's Phone Number _____
Date of last health examination _____ Health Exam attached: _____ Yes _____ No _____
Is your pet micro-chipped? No _____ Yes _____ Micro-chip Number: _____

Relevant History:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Describe your pet's personality, likes and dislikes:

I confirm that I have named the Sonoma Humane Society in my will or trust:

Signature _____ Date _____

You may attach a copy of your will or estate plan to this form. Please send this completed registration and your donation to: Sonoma Humane Society, P.O. Box 1296, Santa Rosa, CA 95402. Attn: Melissa Dobar.

The Loving For Life program suggests that enrollees maintain an annual donation to the Sonoma Humane Society and include provisions in their will or trust. Please see the Pet Guardianship Loving for Life program outline for complete details of enrollment. Tax ID# 94-6001315