



**PET GUARDIAN PROGRAM  
PET BIOGRAPHY**

*Please complete a separate form for each pet you are enrolling in our program.*

Your Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

**INFORMATION ABOUT MY PET**

Pet Name \_\_\_\_\_ DOG CAT (circle one) Breed \_\_\_\_\_

Age \_\_\_\_\_ Spayed/Neutered? YES NO

Diet: What does your pet currently eat? \_\_\_\_\_

Veterinarian \_\_\_\_\_ Veterinarian Phone Number \_\_\_\_\_

**Medical History.** Please include any significant past medical issues, and all ongoing health concerns, as well as any medication your pet takes.

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**Describe your pet's personality, likes and dislikes:**

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Is there anything else you think we should know about your pet?

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**Calaveras Humane Society**  
**PO Box 528**  
**Altaville, CA 95221**  
**(209) 736-9417**  
**calaverashumane.org**  
**Fed Tax ID# 94-2581703**