



**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.

Describe your pet's personality, likes and dislikes:

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



**Calaveras Humane Society
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