

# PAWS FOR HOPE Pet Stewardship Program

## ANIMAL INFORMATION SHEET

### PERSONAL INFORMATION

Date Completed: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Province: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### ANIMAL INFORMATION

Name of Animal: \_\_\_\_\_

How Long Have You Had This Animal? \_\_\_\_\_

Animal's Date of Birth: \_\_\_\_\_ Eye Colour: \_\_\_\_\_

Date of Adoption: \_\_\_\_\_ Weight: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Long/Short Hair: \_\_\_\_\_

Spayed/Neutered: YES  NO

Declawed: YES  NO

Colour and Markings:

Other Noticeable Identifying Characteristics:

## CHARACTER OF COMPANION ANIMAL

Eating Preferences: \_\_\_\_\_

Brand of Food: \_\_\_\_\_

Fed How Often Per Day? \_\_\_\_\_

Favorite Treats: \_\_\_\_\_

Preferred Type of Litter (if applicable): \_\_\_\_\_

Sleep Preferences: \_\_\_\_\_

Exercise Preferences: \_\_\_\_\_

Play Preferences: \_\_\_\_\_

Favourite Toys: \_\_\_\_\_

General Personality Traits (e.g., shy, outgoing, affectionate, playful):

Particular Grooming Needs: \_\_\_\_\_

Enjoys being groomed? YES  NO

Walks on a leash? YES  NO

Travels well in car? YES  NO

Can be left alone? YES  NO

In your own words, please describe your animal:

## HEALTH RECORD

Name of Veterinarian: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If female, has she ever had a litter? YES  NO

Vaccinated: YES  NO

Date of Last Vaccination: \_\_\_\_\_

### CATS

Rabies  Distemper  Feline Leukemia

### DOGS

Rabies  Parvovirus  Distemper  Hepatitis  Parainfluenza

Allergies or other Medical Issues: \_\_\_\_\_

Ongoing Treatment (if any): \_\_\_\_\_

## PREFERRED HOME

The best home for my animal would have:

Children: YES  NO

Access to Outdoors: YES  NO

Other Dogs: YES  NO

Other Cats: YES  NO

Other Animals: YES  NO

Please expand on the above, or make other requests that are important for your animal.

In your own words, describe the home that you would like for your animal.

## OTHER INFORMATION

Please include the following attachments with with your completed Animal Information Form.

Personal Letter

Section of Will

Digital Picture