



Providing rescue programs and services to animals and those who care for them.

Thank you for enrolling your pet in the United Animal Friends Pet Trust Program. Your detailed and honest information will help us find the best home for your pet should it become necessary. To be fair to your pet and any new owner, please be sure to disclose any undesirable behaviors and/or medical issues. Inaccurate or incomplete responses can undermine the safety and happiness of both your pet and its new family.

Your Name _____ Date _____

Street Address _____

City, ST, Zip _____ Phone _____

Email _____

Who are we to contact upon your passing or incapacity?

Name _____ Date _____

Street Address _____

City, ST, Zip _____ Phone _____

Email _____

Pet Information-One form per pet

Pet's Name: _____ Species: Cat Dog Sex: Male Female

Age: _____ Breed: _____ Is this pet spayed/neutered? _____

Pet's veterinary clinic: _____ Vet phone number: _____

How long have you owned this pet? _____

Ages and genders of the people this pet has lived with: _____

If this pet lived with children under 8 years of age, how did they interact? (**check all that apply**):

- Pet actively avoided children Pet growled at child Child could pet it
 Ignored each other Played together Gentle/Affectionate
 Jumped on/knocked over Other: _____

What other animals your pet has lived with peacefully? (**check all that apply**):

- Dogs Never around other Pets None - not good with other animals
 Cats Other: _____

How does your pet interact with dogs? (**check all that apply**)

- Fights Frightened Friendly/Playful Never around dogs
 Growls/Snaps Shy Curious Unknown
 Lunges Ignores Other: _____

How does your pet interact with cats? (**check all that apply**):

- Chases Frightened Friendly/Playful Never around cats
 Barks/lunges/bites Curious Gentle Unknown
 Has injured/killed Ignores Other: _____

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Would you recommend placing this pet in a home with dogs? Yes No Unsure

Would you recommend placing this pet in a home with cats? Yes No Unsure

Reason if answered no or unsure _____

Is your pet housebroken?

- Yes
 No
 Cat Uses litter box faithfully
 Cat does not use litter box faithfully

What has been the issue with housebreaking? _____

Does your pet ask to be let outside to go to the bathroom? _____

How do they let you know they need to go outside? _____

Is your pet crate/kennel trained? Yes No What does your pet do while crated? _____

If your pet chews, what does he/she like to chew on? **(check all that apply):**

- Chews/scratches furniture
 Chews socks/clothing
 Only chews toys
 Chews/scratches at doorways/windows
 Chews rawhide/bones
 Chews when not home
 Doesn't chew/scratch at all
 Chews at fences
 Other: _____

What does your pet do when you try to take an item away? _____

Where is your pet kept when you are home? **(check all that apply):**

- Always Outside
 Sometimes Outside
 Loose in the House
 In Garage
 In Basement
 Crate/Kennel
 Tied Outside
 Confined to A Room (what room) _____
 Other: _____

Where is your pet kept when you're not home? **(check all that apply):**

- Always Outside
 Sometimes Outside
 Loose in the House
 In Garage
 In Basement
 Crate/Kennel
 Tied Outside
 Confined to A Room (what room) _____
 Other: _____

How many hours a day is your pet left alone?

- More Than 10 hours
 8-10 hours
 5-8 hours
 0-4 hours
 Seldom left alone
 Other: _____

How do you confine your pet to your yard? **(check all that apply):**

- None - pet runs free
 Completely fenced and its height: 6 Foot
 5 Foot
 4 Foot
 Tied
 Other: _____

Has your pet ever escaped? if so how? **(check all that apply):**

- Climbs fence
 Runs away if off leash
 Does not escape or run away
 Opens latch
 Runs but comes when called
 Digs under/chews through fence
 Jumps over
 Other: _____

UNITED ANIMAL FRIENDS ON A RESCUE MISSION

What type of training has your pet had?

- Group obedience classes
 Professional/Private sessions
 None

What commands does your pet respond to? **(check all that apply):**

- Fetch
 Sit
 Stay
 Paw/Shake
 Down
 Heel
 Other: _____

Are there any particular people or things that your pet appears to be afraid of? **(check all that apply):**

- Men
 Women
 Children
 Strangers
 Loud noises
 Water
 Dogs
 Cats
 Cars/trucks
 Thunderstorms
 Vacuums/Brooms
 People in uniform
 Other: _____

What circumstances or situations should be avoided that may cause your pet to behave aggressively?

Does your pet have any current, previous or recurring medical or behavioral problems? **(details please):**

Is your pet currently on any medication? _____ What medication? _____

What brand and type of food have you been feeding your Pet? _____

I certify that I have the authority to enroll in the Pet Trust Program. Upon my death or incapacitation, I hereby relinquish all rights of ownership in the above pet to United Animal Friends. I agree that the pet may be placed up for adoption or humanely euthanized if recommended by a veterinarian due to pain or suffering.

I authorize the transfer of my pet's information, as stated in this document, to a new owner when this pet is adopted. The information on this form is to the best of my knowledge, accurate and complete.

I understand that every effort will be made to place the pet in a foster home while it awaits adoption, but it may be housed temporarily in a kennel until a foster home becomes available.

I understand that United Animal Friends will attempt to place my animals in the same home but also understand the most important thing is to have them in a loving home, even if it means they are separated.

A donation of at least \$5,000 per pet is to be paid to United Animal Friends upon transfer of the pet. United Animal Friends will use these funds to provide shelter, food and medical care for the pet until it leaves their care. Any remaining funds will remain with United Animal Friends for its general operations.

Owner Signature _____ Date _____

UAF Volunteer: _____ Date _____



Release of Veterinary Records

Upon my death or incapacity, I authorize the release of all veterinary records to United Animal Friends, and to the new owner's veterinarian upon adoption.

Animal Name: _____ Species: Cat Dog Sex: Male Female

Breed: _____ Color: _____

Veterinary Clinic: _____

Pet Owner's Name: _____ Phone: _____

Address _____

Owner's Signature: _____