

## The PAWS Atlanta Pet Legacy

Υo	ur name: Date:
Ad	dress:
Ph	one:Email:
Ple	et Information ease provide as much detail as possible. If your pet comes to us for re-homing, we want to treat him/her in the same anner that s/he is used to, which will alleviate stress and encourage healing.
Ca	t Dog Male Female
Na If y	me: Age: ou have a photo of your pet that you don't mind sharing, please include it with this enrollment form.
1.	Tansfer Arrangements  If you are enrolling more than one pet, please indicate whether the pets should be adopted out together, or separately. If pets come in together, they usually are adopted out together.  Together Separately Have you made any special provisions for your pet or PAWS Atlanta in your will or trust?
3.	Please provide us with the name of the individual(s) responsible for transporting your pet(s) to PAWS Atlanta in case of your death:
	Name: Phone:
4.	Please provide information about your pet's veterinarian.  Name:
	Phone: Email:
	story ur pet's new family would benefit from this information.
5.	Is your pet a rescue? Yes No If yes, from which organization?
6.	What age was your pet when s/he came to you?
7.	Is your pet spayed or neutered? Yes No

8.	If a cat, declawed? Yes No No
9.	Does your pet have any special needs?
10.	Does your pet have a medical condition that would require special care?
11.	Is your pet currently receiving medical treatment or medication? Yes No If yes, please describe below.
	mperament What should we know about your pet so that we, and your pet, can be comfortable with one another?
13.	Are there special things that your pet likes (toys, games, activities)?
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14.	Please tell us about your pet's special qualities:
15.	What would you like your pet(s) next guardian to know about your pet(s)?
16.	How does your pet interact with:
	other people?
	other animals?
	children?
	strangers?
17.	How does your pet react to:
	car rides?
	visits to the veterinarian?