



Pet Profile For POMDR Perpetual Care Program

Please fill out a separate Profile for each of your dogs. After completion, send copies to the executor of your will, your attorney, your alternate pet guardians if applicable, Peace of Mind Dog Rescue and any family or friends who can help ensure your wishes are carried out. Keep copies for yourself with your important papers.

The loss of their person can be devastating for a dog. With the comfort of familiar surroundings gone, a favorite toy or daily routine can help a great deal. The information you provide here can help us provide the most comfort for your dog during a time of transition into a foster home or new home. Be as detailed as possible – your dogs will thank you for it!

Your Name _____

Phone _____ Email _____

Address _____ City, State _____ Zip _____

Dog's Name _____ Spayed/Neutered? ☐ yes ☐ no

DOB _____ Microchip or tattoo? ☐ yes ☐ no ID# _____

Breed _____ What year did you get your dog? _____

Where did you get him/her? Give specific name of shelter, rescue group, breeder, etc. and contact info if possible

Did your dog have previous guardians? If known, include name and contact info, if possible, and if they would want to be contacted about your dog needing a new home.

Current Diet (brand names of preferred food, preferred treats, etc.) _____

Feeding Schedule/Amount Fed _____

Any ongoing medications, supplements or conditions requiring veterinary supervision? _____

Any allergies? _____

Any physical limitations? _____

Favorite toys, possessions(beds,crates, leashes, harnesses, etc.) that will be coming with your dog _____

Favorite place(s) to sleep _____

My dog is: ☐ housetrained ☐ not housetrained ☐ uses potty pads ☐ sometimes has accidents ☐ uses dog door

How does your dog ask to go out? _____

Does your dog go for regularly scheduled walks? Include time of day, favorite locations, length, on leash or off leash, etc. _____

My dog has successfully lived with

☐ children (list ages) _____

☐ Other animals (list types) _____

If your dog has been known NOT to get along with some children or other animals, please describe

circumstances: _____

Has your dog ever bitten or growled at anyone? ☐ Yes ☐ No If yes, please describe the circumstances _____

Please list any verbal/non-verbal words/commands your dog responds to, as well as ways your dog communicates with you: _____

My dog has the following training/knows the following tricks: _____

Describe in detail your dog's daily routine (walking, feeding, playing, bedtime): _____

Does your dog have a special friend or playmate he may want a play date with while in foster care or in a new home? If so please give the dog's name and guardian's contact information. _____

Please check all that apply to your pet:

☐ rides well in the car

☐ fights with other cats/dogs

☐ outgoing/friendly

☐ moderately active

☐ walks well on a leash

☐ gets along with other cats/dogs

☐ active/high energy

☐ nervous/skittish

☐ obedience trained

☐ barks a lot

☐ bites playfully

☐ anxious when left alone

☐ adaptable

☐ a lap dog

☐ independent

☐ quiet/reserved

☐ likes being held/petted

☐ playful

☐ likes being groomed

☐ protective

☐ hyperactive

My dog definitely likes or dislikes (check all that apply):

Men: ☐ likes ☐ dislikes ☐ neutral ☐ don't know

Birds: ☐ likes ☐ dislikes ☐ neutral ☐ don't know

Women: ☐ likes ☐ dislikes ☐ neutral ☐ don't know

Cats: ☐ likes ☐ dislikes ☐ neutral ☐ don't know

Uniforms: ☐ likes ☐ dislikes ☐ neutral ☐ don't know

Dogs: ☐ likes ☐ dislikes ☐ neutral ☐ don't know

Livestock: ☐ likes ☐ dislikes ☐ neutral ☐ don't know Other: ☐ likes ☐ dislikes ☐ neutral ☐ don't know

In general, how does your dog respond to strangers? _____

Any other likes, dislikes or fears a new guardian should know about (sensitive areas to avoid when grooming, best way to pick up, favorite areas to scratch/pet, etc)? _____

Veterinarian _____ Vet Clinic _____ Phone _____

Address _____ City, State _____ Zip _____

Other hospital with your dog's health records? _____ Phone _____

Check all vaccinations your pet received in the past year: ☐ Rabies ☐ Bordatella ☐ DHLP-P (dogs)

Is there anyone whom POMDR can contact for you who may be interested in adopting your dog should you no longer be able to care for him?

Name _____ Phone _____

Address _____ City, State _____ Zip _____

Additional names/phone numbers? _____

Please use the rest of this space and any additional pages for any additional info or special instructions not already covered that you would like us to know in placing your dog in a new home?

[illegible]