

CARL W. NELSON ANIMAL SHELTER
P.O. BOX 345
MAUSTON, WI 53948

Guardian Angels



Name: _____

Address: _____

Telephone Number: _____

In the event of my illness or death I have made provisions with the
Carl W. Nelson Animal Shelter
to care for my pet. Please contact them immediately.

Signature _____ Date _____

Pet Identification

Name of Pet: _____ Sex: _____

Type of Pet: _____

Description of Pet: _____

Date of Pet's Birth: _____

Does your pet have a microchip? _____

Medical History

Has your pet been spayed or neutered? _____

Pet's Veterinarian: _____

Has your pet been kept up to date on vaccinations? _____

Does your pet have any health problems? Please explain:

List any medications that your pet is on: _____

Does your pet have any special dietary needs?

Does your pet have any allergies? Please list:

Pet Personality and History

How long have you owned your pet? _____

Is your pet house trained? _____

How does your pet ask to go outside? _____

Please check your pet's living conditions:

Indoor Indoor/Outdoor Outdoor

My pet is compatible with:

Cats Dogs Children

Check any of the following that help describe your pet:

Meows/Barks a lot Claws/bites playfully Walks on a leash
 Uses scratching post Lap animal Likes to be held
 Shy of strangers Playful Independent
 Rides well in car Fights with cats/dogs Active
 Hunts rodents/birds Likes being groomed Outgoing
 Sedate Scratches/chews furniture

Your pet's normal food brand is: _____

Canned Semi moist Dry

Your pet's feeding time(s): _____

Does your pet have any preferences, phobias or habits?

Please list any verbal commands your pet responds to as well as ways he communicates: _____

What is your pet's daily routine (walking, feeding, playing, bedtime)? _____

Does your pet have any favorite games he likes to play or favorite toys? _____

Special Instructions: _____
