



~Peace of Mind Program~  
Pet Questionnaire

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

Your Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

In the event of my illness or death, I have made arrangements with Fuzzy Friends Rescue to care for my pet(s). Please contact them at once, as my pet(s) will need to be cared for immediately.

Signature: \_\_\_\_\_

Fuzzy Friends Rescue  
LeAnne Fuller, Director  
Phone (254) 754-9444 | Fax (254) 754-9959  
6321 Airport Road, Waco, Texas 76708 ~ Mailing Address: P.O. Box 20966  
Waco, Texas 76702

**After hours emergency contacts:**

LeAnne Fuller: 254-420-2913, 405-4844 (cell)  
Karmin Wilson: 254-836-0150, 498-4633 (cell)  
Betsy Robinson: 254-772-6066, 715-2121 (cell)

*Please make copies of this form and send one to Fuzzy Friends Rescue, one to the Executor of your estate, and keep one with your important papers. You may also wish to give a copy to a close family member, friend or neighbor.*

***Please complete this form for each animal you enroll in the Peace of Mind Program:***

Type of Animal (cat or dog) \_\_\_\_\_

Name of Pet \_\_\_\_\_ Nickname \_\_\_\_\_

Breed \_\_\_\_\_ Weight \_\_\_\_\_

Describe what your pet looks like (size, hair and eye color, unusual markings, etc) \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Does your pet have a microchip or tattoo? \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

Where did you get your pet? \_\_\_\_\_

Your pet is: \_\_\_House/Litter box trained \_\_\_Not house trained \_\_\_Has some accidents

Your pet lives: \_\_\_Strictly indoors \_\_\_Outside \_\_\_In garage/porch \_\_\_In & out

Your pet has lived in the same household with the following animals:

\_\_\_\_\_

\_\_\_\_\_

Your pet has lived in the same household with children (what ages):

\_\_\_\_\_

Were there any problems with the other animals or children? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Your pet is compatible with \_\_\_Cats \_\_\_Dogs \_\_\_Livestock \_\_\_Small Children

Your pet's feeding time(s) is \_\_\_\_\_

Your pet's diet is: \_\_\_Canned \_\_\_Semi-Moist \_\_\_Dry Food Brand \_\_\_\_\_

Where does your pet sleep during naps and at night (your bed, dog bed, crate, dog house, on a special blanket, specific room, etc)? \_\_\_\_\_

Check as many of the following that describe your pet's behavior and habits:

- |  |   |
|--|---|
| <input type="checkbox"/> Meows/Barks a lot           | <input type="checkbox"/> Uses scratching post             |
| <input type="checkbox"/> Rides well in car           | <input type="checkbox"/> Scratches/chews furniture        |
| <input type="checkbox"/> Claws/bites playfully       | <input type="checkbox"/> Lap animal                       |
| <input type="checkbox"/> Fights with other cats/dogs | <input type="checkbox"/> Jealous of other people/animals  |
| <input type="checkbox"/> Hunts rodents/birds         | <input type="checkbox"/> Likes being groomed              |
| <input type="checkbox"/> Walks on leash              | <input type="checkbox"/> Has had obedience training       |
| <input type="checkbox"/> Likes being held/picked up  | <input type="checkbox"/> Shy of strangers                 |
| <input type="checkbox"/> Reserved                    | <input type="checkbox"/> Outgoing/friendly                |
| <input type="checkbox"/> Playful                     | <input type="checkbox"/> Independent                      |
| <input type="checkbox"/> Feisty and active           | <input type="checkbox"/> Sedate, calm, couch potato       |
| <input type="checkbox"/> Needs a lot of affection    | <input type="checkbox"/> Does not want a lot of affection |

Does your pet have any preferences, dislikes, phobias or habits? \_\_\_\_\_

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Does your pet have any particular fears (vacuum, thunder, men, women, children, mailman, medication, loud noises, baths, etc)? \_\_\_\_\_

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Please list verbal/non-verbal commands your pet responds to. In addition, any ways he/she communicates: \_\_\_\_\_

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

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Does your pet have any favorite games he/she plays, or any special toys or possessions?

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Please provide a health history for your pet. \_\_\_\_\_

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Did your pet have any specific illness or any recurring health problems?

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Is your pet on any current medications? \_\_\_\_\_

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Does your pet have any special dietary needs? \_\_\_\_\_

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Does your pet have any allergies to foods, medications, fleas or flea control products?

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Special care instructions: \_\_\_\_\_

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When did your pet have his/her last vaccinations? \_\_\_\_\_

Who is your pet's veterinarian? \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

We understand that some individuals may not want their pet adopted to another family or that some pets may not be adoptable. If a wonderful home can be found, do you want your pet adopted? \_\_\_\_\_

If a family member or close friend shows serious interest in adopting your pet, do you want this to occur or do you want your pet to remain at Fuzzy Friends Rescue?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any additional thoughts, information, wishes or special requirements for your pet? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for this important information about your pet. If you move, your pet's medical information changes, or you think of additional information that would be helpful to our staff, please let us know.**

**And, thank you for loving and caring for your pet by ensuring his/her future through the Fuzzy Friends Rescue Peace of Mind program.**