



**PET SURVIVOR PLACEMENT PROGRAM  
PET PROFILE**

The loss of a human companion can be devastating for a pet. The information you provide here can greatly enhance the East Bay SPCA's ability to care for and re-home your pet(s) should they outlive you. As you complete this Pet Profile, please be as detailed as possible and provide any additional information that you think might be useful in helping us understand your pet's individual needs. **Complete a separate profile for each pet you wish to include in the program.**

What is the total number of pets you are enrolling in the Pet Survivor Placement Program? \_\_\_\_\_

Total number of dogs \_\_\_\_\_ Total number of cats \_\_\_\_\_

If you are enrolling multiple animals, are any bonded together? If so, please indicate which are bonded and must be re-homed together. Otherwise, we will assume each animal can be adopted individually.

These pets are bonded: \_\_\_\_\_

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

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Pet Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Breed (if known)

Species:  Dog  Cat

Gender:  Male  Female

Spayed/Neutered?  Yes  No

Microchipped?  Yes  No If yes, microchip # \_\_\_\_\_

\_\_\_\_\_  
Veterinarian Name

\_\_\_\_\_  
Veterinary Clinic or Hospital Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Known Medical Conditions:**

\_\_\_\_\_

\_\_\_\_\_

My pet has lived with:  Children ages: \_\_\_\_\_  Other animals (list types) \_\_\_\_\_

My pet lives:  Strictly indoors  Outside  In and out

My pet  is  is not housebroken. My cat uses  a litter box only.  a litter box and outside.



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Check all that apply to your pet:

- | <u>Energy Level</u>                         | <u>Personality</u>                         | <u>Behavior</u>                                    |
|---|--|--|
| <input type="checkbox"/> Active/high energy | <input type="checkbox"/> Outgoing/friendly | <input type="checkbox"/> Playful                   |
| <input type="checkbox"/> Moderately active  | <input type="checkbox"/> Fair tempered     | <input type="checkbox"/> Likes being held/pet      |
| <input type="checkbox"/> A lap pet          | <input type="checkbox"/> Protective        | <input type="checkbox"/> Scratches/chews furniture |
| <input type="checkbox"/> Sleeps a lot       | <input type="checkbox"/> Nervous/anxious   | <input type="checkbox"/> Anxious when left alone   |

Any other unique behaviors, likes, dislikes, fears or triggers we should know about?

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Is there anyone that we can contact who might be interested in adopting or fostering this animal?

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

I understand that all reasonable efforts will be made to re-home my pet(s), but if this is not possible due to medical or behavioral reasons, I consent to the East Bay SPCA proceeding with humane euthanasia.

**Signature**

If humane euthanasia is required, is there anyone you would like us to notify before it occurs?

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Please return the signed and completed Pet Profile(s) and Pet Survivor Placement Program Enrollment Form to the East Bay SPCA by mail or email. It is important to also provide copies of these documents to the executor of your estate and any family or friends who can help ensure your wishes are carried out.

Please send completed forms to:

East Bay SPCA  
Attn: Kimberly Low  
8323 Baldwin Street  
Oakland, CA 94621

Email: [klow@eastbayspca.org](mailto:klow@eastbayspca.org)  
Phone: (510) 746-5111  
Fax: (510) 569-1608