PAWS Legacy Pet

Dog Enrollment

Owner Information (please print legibly)

Full Name: _____

Phone Number: _____

Email Address: _____

Physical Address: _____

Mailing Address (if different): _____

Pet Information

Pet's Name: _____ Species/Breed: _____

Age: _____ Weight: _____ Sex: [ ] Male [ ] Female Spayed/Neutered: [ ] Yes [ ] No

Microchip #: _____

Veterinary Information

Veterinarian Name/Clinic: _____

Phone Number: _____

May we contact your veterinarian for records? [ ] Yes [ ] No

Alternate Contact (in case of emergency)

Name: _____ Relationship: _____

Phone: _____

House Training & Habits

- **Does your dog have accidents in the house?**

  ☐ No ☐ Yes

  - If yes, how often?

    ☐ Daily ☐ A few times a week ☐ A few times a month ☐ A few times a year

  - If yes, does your dog:

    ☐ Urinate ☐ Defecate ☐ Both

- **Is the dog crate trained?**

  ☐ Yes ☐ No

  - If yes, how long per day? _____

- **How long is your dog left alone (without people)?**

  ☐ Never ☐ 1–3 hrs ☐ 4–8 hrs ☐ 9–12 hrs ☐ Over 12 hrs

- **When alone, is your dog:**

  ☐ Outdoors ☐ Free in house ☐ Confined to room ☐ Crated ☐ Other:

  _____

- **When left alone, does your dog:**

  ☐ Destroy items ☐ Urinate ☐ Defecate ☐ Bark ☐ Cry ☐ None

Handling & Environment

- **Are there areas your dog does NOT like being touched?**

  ☐ Ears ☐ Mouth ☐ Tail ☐ Collar ☐ Rear End ☐ Paws/Nails ☐ Other:

  _____

- **Is the dog allowed on furniture?**

  ☐ Yes ☐ No

- **How does your dog behave in the car?**

  ☐ Enjoys ☐ Afraid ☐ Resists Entering ☐ Sleeps ☐ Barks

  ☐ Vomits ☐ Urinates/Defecates ☐ Never Tried ☐ Fine in crate/restrained

- **What words does this dog understand?** (circle all that apply)

  Sit Come Fetch Stay Leave it Okay Down Drop Heel Off No Quiet

  Treat/Cookie Doesn't know any commands Other: _____

Behavior History
Please share anything you want a new family to know about your dog's interactions with:

- **Men:**

  _____

- **Women:**

  _____

- **Children:**

  _____

- **Dogs:**

  _____

- **Cats:**

  _____

- **Other:**

  _____

- **Has your dog ever bitten a person?**

  ☐ No ☐ Yes — If yes, explain:

- **Has your dog ever bitten another dog?**

  ☐ No ☐ Yes — If yes, explain:

- **Please tell us about your dog's "bad habits" or fears:** (check all that apply)

  ☐ Getting into trash ☐ Jumping on people ☐ Hiding during storms

  ☐ Chewing ☐ Chasing (cars/bikes/skateboards) ☐ Counter surfing

  ☐ Problem barking ☐ Digging ☐ Fear of men ☐ Fear of children ☐ Escaping yard

☐ Other:

_____

- **Are there any special traits or wonderful habits you'd like to share?**

Medical History

- **Does your dog have any known medical conditions?**

  ☐ No ☐ Yes — If yes, please describe:

Legacy Society Agreement
I, the undersigned, enroll my pet in the PAWS Legacy Pet Program. In the event of my death or permanent incapacity, I authorize PAWS – Providing Animal Welfare Services (Tax ID #83-0326768) to assume custody of my pet. I understand that PAWS will provide compassionate care and rehoming efforts or sanctuary placement, as deemed appropriate by PAWS. I agree to notify PAWS of any changes to my pet's health, my contact information, or the designated emergency contact.

[ ] I have made provisions for this arrangement in my will/trust.
[ ] I have not yet made legal arrangements but plan to.

Signature of Owner: _____

Date: _____

PAWS Representative: _____

Date Received: _____

PAWS Pet Legacy Program: Planning Checklist for Pet Owners

1. **Document Your Pet's Care Needs:**
   - Feeding instructions, medical conditions, and behavior quirks
   - Vet records and microchip info
2. **Choose Emergency Contacts:**

    - Name at least one person who can be contacted quickly if you become unable to care for your pet
3. **Communicate with PAWS:**
    - Fill out the enrollment form and submit to PAWS
    - Update the form as your pet ages or your situation changes
4. **Make It Legal:**
    - Add your wishes to your **will** or, ideally, create a **pet trust**
    - Include PAWS' name and contact details in your estate documents
5. **Optional: Provide a Care Fund:**
    - Consider leaving a donation or including PAWS in your estate plan to support your pet's long-term care
6. **Keep Copies Accessible:**
    - Give copies of the form to your emergency contact, your vet, and PAWS

For questions, please contact:
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