



Pet Guardian Program

Pet Information

Thank you for enrolling in the Pet Guardian Program at Seattle Humane. Please complete the following information for **each pet** you are enrolling in the program. Membership covers up to five (5) pets.

Your Name: _____

Pet's Name: _____

Gender: _____ Date of birth/Age: _____

Species: _____ Breed: _____

Color/Pattern: _____ Size/Weight: _____

Is your pet spayed/neutered?: Yes No

Is your pet already microchipped?: Yes No

- If yes, microchip provider: _____
- If yes, microchip number: _____
- If no, would you like us to microchip? _____

If your pet is already microchipped, please provide your microchip provider with the name and phone number of Seattle Humane (425) 641-0080 as the second contact on your microchip record.

Please tell us about your pet's daily routine, specific likes and dislikes, and any medical needs or conditions. You may attach a supplemental document.

I have provided a current photo of my pet. Yes No

