



West Valley Humane Society "SafeHaven" Pet Guardianship Relinquishment Form

I certify that I have the authority to enroll the below-described animal(s) in the Pet Guardianship Program. Upon my death or incapacitation, I hereby relinquish all rights of ownership, in the below-described animal(s) in favor of West Valley Humane Society, Inc.

I authorize the transfer of my animal's information to a new owner when this animal is placed up for adoption. The information on this form is, to the best of my knowledge, accurate & complete.

If it is my desire to have my pet adopted or fostered, I understand that every effort will be made to place the animal in a foster home while the pet awaits adoption, but the animal may be housed temporarily at West Valley Humane Society Shelter.

Bonded pairs will not be separated.

Print Name: _____

Signature: _____ Date: ____/____/____

Pet Information

	Name	Dog/Cat	Breed	Sex	Age
Pet #1					
Pet #2					
Pet #3					
Pet #4					



West Valley Humane Society "SafeHaven" Pet Guardianship Enrollment

Fill out this enrollment form for your pet(s) and send a copy to the executor of your will, your attorney, your pet guardians, West Valley Humane Society, Inc., and any family or friends who can help ensure your wishes are carried out. Keep copies for yourself with your important papers. You can download additional forms at www.WestValleyHumaneSociety.org.

OWNER INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

In the event of my death or incapacitation, I have made arrangements with West Valley Humane Society, Inc. to care for my pet(s). Please contact them at once, as my pet(s) will need to be cared for immediately. I confirm that I have named West Valley Humane Society, Inc. in my will or trust.

Signature: _____ Date: ____/____/____

TEMPORARY PET GUARDIANSHIP INFORMATION (if applicable)

Please inform the person who has agreed to be my pet's temporary guardian that I am enrolled in West Valley Humane Society Inc.'s "SafeHaven" pet guardianship program.

My Temporary Pet Guardian (if applicable):

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

In the event of my illness or death, West Valley Humane Society, Inc. shall be given guardianship of my pets.

EXECUTOR OF WILL INFORMATION

The Executor of My Will:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PET INFORMATION

	Name	Dog/Cat	Breed	Sex	Age
Pet #1					
Pet #2					
Pet #3					
Pet #4					

PLEASE SEND ALL FORMS TO:

West Valley Humane Society Animal Adoption Center

5801 Graye Ln.
Caldwell, ID 83607

ATTN: West Valley Humane Society Executive Director



MEDICAL RECORDS RELEASE AUTHORIZATION

Owner's Name: _____			
Address: _____	City: _____	State: _____	Zip: _____
Phone: _____	Email: _____		

I have released my animal(s) to West Valley Humane Society, Inc.

I authorize the release of all medical records by (name of veterinary practice or veterinarian) to West Valley Humane Society, Inc.:

Veterinary Practice: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PET INFORMATION

	Name	Dog/Cat	Breed	Sex	Age
Pet #1					
Pet #2					
Pet #3					
Pet #4					

Owner's Signature: _____

Date: ____/____/____



West Valley Humane Society "SafeHaven" Pet Guardianship Program

Each year, dogs and cats are taken to shelters by family members of owners of all ages who have either gone into nursing homes or who have died leaving no provisions for their beloved companions. In addition to making countless decisions regarding their loved one's estate, these families also have to decide what to do with their loved one's dog or cat. Too often these animals end up in overcrowded, underfunded shelters where they face an unknown fate.

To avoid this situation, West Valley Humane Society Animal Adoption Shelter offers its "SafeHaven" Pet Guardianship Program. By enrolling your pet(s) in this plan, you'll have peace of mind knowing that your beloved pet(s) will be well cared for. Your enrollment will also spare your loved ones from the process of re-homing your pet(s), which can be painful and overwhelming.

Benefits of our "SafeHaven" Pet Guardianship Program include:

- Encouraging you to write a detailed bio and care instructions which will be passed onto the pet's future guardian.
- Providing each animal with a tag that informs loved ones that the animal is to be cared for by West Valley Humane Society, Inc. in the event of an emergency.
- West Valley Humane Society, Inc. dispatches a volunteer or staff member to pick up your pet from where it is currently housed.
- West Valley Humane Society, Inc. provides medical care, vaccines, microchipping, etc., as needed while your pet is in West Valley Humane Societies care.
- West Valley Humane Society, Inc. houses your pet in its shelter, or in an approved, site visited foster home until a forever home can be found.

All we ask is that you include a gift (we recommend at least \$5000) to West Valley Humane Society in your will. We will in any event do our best to ensure that your beloved pet finds a new home.

HOW TO ENROLL

Step 1)

Have an attorney draw up a will or trust for you. Include in it a statement such as, "At the time of my death, I transfer my pet(s)'s ownership to West Valley Humane Society, Inc.'s 'SafeHaven' Pet Guardianship Program."

Tax ID: #20 – 8179233
5801 Graye Ln
Caldwell, ID 83607

Step 2)

Include a gift in your will or trust to help West Valley Humane Society, Inc. sustain care for your pet(s) once they are entrusted to us. Provide West Valley Humane Society, Inc. with a copy of those pertinent pages. The gift can be in the form of cash, stocks/bonds, real estate, IRA beneficiary or life insurance beneficiary.

Step 3)

Let someone close to you whom you trust, in addition to your attorney, know your wishes and provide that person with West Valley Humane Societies contact information.

Step 4)

Complete the enrollment form, pet profile and care forms, and medical release forms. Keep a copy with your will or trust and inform your executor or trustee of your decision. Remember to keep West Valley Humane Society informed of any changes.

Step 5)

Post in a prominent place in your home a notice that, in the event of an emergency, your animal(s) is to go to West Valley Humane Society.

NOTE: Please note that this program is for cats and dogs only. The program is limited to four (4) animals per family. More may be allowed on a case-by-case basis.

REMEMBER: Your pets are depending upon you to provide care for them after you are gone.



West Valley Humane Society "SafeHaven" Pet Guardianship Pet Profile

The loss of a human companion can be devastating for a pet. With the comfort of familiar surroundings gone, a favorite toy or daily routine can help a great deal. The information you provide here can greatly influence the success of your animal's transition into a new home. Be as detailed as possible and provide additional information if necessary—your pets will thank you for it! Fill out a separate profile for each of your pets and send them to the executor of your will, your attorney, your pet guardians, West Valley Humane Society, Inc., and any family or friends who can help ensure your wishes are carried out. You can download additional forms at www.WestValleyHumaneSociety.org.

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Today's Date: ____/____/____

Pet's Name: _____ Cat/Dog: _____ Breed: _____

Sex: ____ (F) ____ (M) Spayed/Neutered: ____ (Yes) ____ (No) Age: _____

ID Tag: ____ (Yes) ____ (No) Microchip: ____ (Yes) ____ (No) Microchip #: _____

Declawed (cat): ____ (Yes) ____ (No) This is my only pet: ____ (Yes) ____ (No)

This pet is one of _____ pets in my care (write in the total number of animals you own)

How long have you owned this pet? _____

Where did you get this pet? _____

Did your pet have previous owners? If yes, please give contact information, if known: _____

Current Diet (brand names, preferred treats, etc.): _____

Feeding Schedule / Amount Fed: _____

Medications / Supplements: _____

Conditions requiring vet supervision, symptoms to watch for, previous surgeries, physical limitations, allergies, etc.: _____

Favorite toys, games, and habits (describe in detail): _____

Where does your pet sleep? _____

My pet lives: ___(Strictly Indoors) ___(Outside) ___(In & Out) ___(Garage / Porch)

Does your pet use a fenced yard? ___(Yes) ___(No)

My pet is: ___(Housebroken) ___(Not Housebroken) ___(Uses a litter box) ___(Uses the Outdoors & litter box) ___(Sometimes has Accidents)

How does your pet ask to go outside? _____

Does your pet go for regular walks? (Include frequency, what time of day, favorite location(s), etc.): _____

My pet has lived with: ___(Other animals) ___(Children)

If yes, please describe the types of animals your pet has lived with, what ages of children, and any difficulties in the home: _____

My pet has the following training / knows the following tricks: _____

List any verbal / nonverbal words or commands your pet responds to, as well as ways in which he/she communicates with you: _____

Describe in detail your pet's daily routine (walking, feeding, playing, bedtime, etc.): _____

Check all that applies to your pet:

- | | | |
|--|--|--|
| <input type="checkbox"/> (Rides well in the car) | <input type="checkbox"/> (Walks well on a leash) | <input type="checkbox"/> (Obedience trained) |
| <input type="checkbox"/> (Talkative / Vocalizes a lot) | <input type="checkbox"/> (Quiet / Reserved) | <input type="checkbox"/> (Adaptable) |
| <input type="checkbox"/> (Gets along with cats) | <input type="checkbox"/> (Gets along with dogs) | <input type="checkbox"/> (High prey drive) |
| <input type="checkbox"/> (Uses scratching post) | <input type="checkbox"/> (Claws / Bites Playfully) | <input type="checkbox"/> (Enjoys being held / pet) |
| <input type="checkbox"/> (A lap animal) | <input type="checkbox"/> (Outgoing / Friendly) | <input type="checkbox"/> (Active / High Energy) |
| <input type="checkbox"/> (Scratches Furniture) | <input type="checkbox"/> (Enjoys being groomed) | <input type="checkbox"/> (Playful) |
| <input type="checkbox"/> (Hyperactive) | <input type="checkbox"/> (Moderately active) | <input type="checkbox"/> (Nervous / Skittish) |
| <input type="checkbox"/> (Sleeps a lot) | <input type="checkbox"/> (Independent) | <input type="checkbox"/> (Separation Anxiety) |
| <input type="checkbox"/> (Protective) | | |

List anything else that applies to your pet that is not listed above: _____

My pet likes / dislikes (check all that apply):

Men (Likes) (Dislikes) (Neutral) (Not Sure)

Women (Likes) (Dislikes) (Neutral) (Not Sure)

Children ___(Likes) ___(Dislikes) ___(Neutral) ___(Not Sure)

Cats ___(Likes) ___(Dislikes) ___(Neutral) ___(Not Sure)

Dogs ___(Likes) ___(Dislikes) ___(Neutral) ___(Not Sure)

Birds ___(Likes) ___(Dislikes) ___(Neutral) ___(Not Sure)

Livestock ___(Likes) ___(Dislikes) ___(Neutral) ___(Not Sure)

Uniforms ___(Likes) ___(Dislikes) ___(Neutral) ___(Not Sure)

List any other likes, dislikes, fears, or triggers that applies to your pet and is not listed above: _____

How does your pet respond to strangers? _____

Pet's Veterinarian: _____ Name of Clinic: _____

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Other clinics with your pet's health records? _____

Phone # of other clinic(s): _____

Check all vaccinations your pet received in the past year: ___(Rabies) ___(Bordetella)

___(DHLP-P) ___(FDV) ___(FeLV) ___(FIP) ___(Pet is not current on vaccinations)

I wish to name West Valley Humane Society Inc. as my pet's guardian through the "SafeHaven" Guardianship Program.

Signature: _____ Date: ____/____/____