



# Guardian Program Pet Biography

Date form was filled out/revised: \_\_\_\_\_

## Information About You

Name (Mr./Mrs./Ms.): \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Information About Your Pet

*This information will help ARF in best placing adoptable furry family members in loving homes.*

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

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Favorite food(s): \_\_\_\_\_

Feeding time(s): \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_

Veterinarian's phone number: \_\_\_\_\_

Relevant medical history (Please include a copy of your pet's medical records with this biography form):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Describe your pet's personality, likes, and dislikes:

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## Animal Rescue Foundation

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