# Covenant Pet Trust Inc.

# Request for Assistance Form

#### **TELL US ABOUT YOU:**

| Name                               |                        | DOB          |
|------------------------------------|------------------------|--------------|
| Address                            | _ City                 | State Zip    |
| H. Phone ( ) C. Phone (            | )                      | W. Phone ( ) |
| Email                              | Spouse or House Mate   |              |
| Email                              | C. Phone ( )           |              |
| W. Phone ( )                       |                        |              |
| Does your pet have a co-owner?     | Name of co-owned pet _ |              |
| Co-owner's Name(s)                 |                        | Email        |
| AddressCit                         | ty                     | StateZip     |
| Home Phone ( )                     | Cell Phone (           | )            |
| Work Phone ( )                     |                        |              |
| 1 <sup>st</sup> Emergency Contact: |                        |              |
| Name:                              | Relationship:          |              |
| Address: Apt #                     | Street:                |              |
| City:                              | Zip:                   |              |
| Home phone: ( )                    | Cell phone: (          | )            |
| 2 <sup>nd</sup> emergency contact: |                        |              |
| Name:                              | Relationship:          |              |
| Address: Apt #                     | Street:                |              |
| City:                              |                        |              |
| Home phone: ( )                    |                        |              |

Ph: 386-288-1339 CovenantPetTrust@gmail.com PO Box 1172 Lake City Florida 32055 web: CovenantPetTrust.org

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| Are you interested in creating a Pet Plan?   | [                 | o you have someone in mind you'd like to |                             |  |  |
|--|-------------------|--|-----------------------------|--|--|
| bequeath you pet to  | Are you intereste | ed in placing your                       | pet in a rescue or adoption |  |  |
| program?   |                   |  |                             |  |  |
| TELL US ABOUT YOUR PET:  You will need to fill out one of these sheets for each of your pets.  (Please be sure to include a photo of your pet) |                   |  |                             |  |  |
| Pet's Name   |                   | Male                                     | ☐ Female                    |  |  |
| D.O.B Spayed or neutered?  | Yes No            | indoor                                   | outdoor                     |  |  |
| Type   |                   |  |                             |  |  |
| Other  | Breed             |  |                             |  |  |
| PLEASE INDICATE IF YOUR PET HAS ANY OF THE FOLLO   |                   | ΓΙΟΝ                                     |                             |  |  |
| ID Number  |                   |  |                             |  |  |
| License (city or county)   |                   |  |                             |  |  |
| Tag Number   |                   |  |                             |  |  |
| Tattoo and/or Identification Marks   |                   |  |                             |  |  |

Please provide 2 clear photos of your pet to CovenantPetTrust@gmail.com or text to 386 288 1339 with your name and the pets name attached to the text.

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# Covenant Pet Trust Inc. CPT Personal Pet Plan Pet Survey

| List your pet's special needs?                                    |
|---|
| Medical:  |
| Behavioral:   |
| Environmental:  |
| List the types of animals your pet is friendly with:              |
| List the types of animals your pet is not friendly with:          |
| People your pet has lived with/adapted to: Yes or No (circle one) |
| Infants Yes No  |
| Adult Yes No  |
| Senior Yes No   |
| Toddler Yes No  Activities your pet enjoys:                       |
|   |

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| List your pet's fears:                   |                        |                     |     |    |        |     |    |  |  |
|--|------------------------|---------------------|-----|----|--------|-----|----|--|--|
| Would you describe you                   | r <b>pet as:</b> Yes o | r No (circle one)   |     |    |        |     |    |  |  |
| Lap Loving Yes No                        | Social Butterfly Y     | es No <b>Mellow</b> | Yes | No | Active | Yes | No |  |  |
| Sedate Yes No                            | <b>Playful</b> Yes No  | Considerate         | Yes | No |        |     |    |  |  |
| List your pet's specific known commands: |                        |                     |     |    |        |     |    |  |  |
| Additional Comments:                     |                        |                     |     |    |        |     |    |  |  |