



**Animal Welfare
League Qld**
Est. 1959

Legacy Pets Program
AWLQ
PO Box 3253
Helensvale Town Centre Qld
4212
Phone 07 5509 9099
Fax 07 5594 0131
bequests@awlqld.com.au

Legacy Pet Profile & Care Instructions 1 – 4 Pets

If you have requested in your will that your companion animal(s) is/are to be cared for by the Animal Welfare League - please send the following information to the Animal Welfare League of Qld **ABN 75 521 498 584**

This information is to help make the transition of your pet to a new home as easy as possible.

Copies should also be given to your solicitor and your next of kin who can contact AWLQ as soon as possible.

OWNER/S DETAILS

NAME Mr/Mrs/Ms/other _____ FIRST name _____

LAST name _____

PLEASE PRINT CLEARLY

ADDRESS _____

Post Code _____

Tel () _____ Mob _____

Email _____@_____

Solicitor/Trustee Name and contact details

Phone _____

I DIRECT that the ANIMAL WELFARE LEAGUE OF QLD INC. (AWLQ) (ABN 75 521 498 584) shall care for any animals or pets which I own at the date of my death until such time as a suitable home at the discretion of the said League shall be found for such animals or pets.

Full Name _____
PLEASE PRINT CLEARLY

Owner 1 Signature _____

And _____

Full Name _____
PLEASE PRINT CLEARLY

Owner 2 Signature (If applicable) _____

Date _____

Witness name _____
PLEASE PRINT CLEARLY

Witness Signature _____

It is important for AWLQ to have an **emergency contact person** for you that we might liaise with to co-ordinate the collection/delivery of your pets if the time ever came. This person might be your neighbour, friend or family member, or even your solicitor. Your emergency contact must have access to your house.

TITLE of **Emergency Contact Person** **Mr/Mrs/Ms/other** _____

FIRST name of contact person

PLEASE PRINT CLEARLY

LAST name of contact person

PLEASE PRINT CLEARLY

Relationship of contact to you

PLEASE PRINT CLEARLY

CONTACT numbers **HM** () _____ **MOB** () _____

Contact's EMAIL address _____ @ _____
PLEASE PRINT CLEARLY

What SUBURB do they live in? _____

Are you pets' friendly enough if we needed to access your home to collect them? Yes / No _____

If you have a cat/s, does it like to go hiding in a special place, like in the linen cupboard for example? _____

If you have a cat/s, are they inside-only cats, or are allowed to roam? _____

Please supply photos of your pets where possible, so we may identify them if collected.

It is important that you keep us updated with your pet's information, especially with any changes with medication or medical conditions which will then be updated on their file.

Please also advise any neighbours, friends, family or solicitor that your pets are registered Legacy Pets with Animal Welfare League Qld

IMPORTANT Microchip Information

1. It is important your dog or cat is microchipped for its protection, so it can be identified if it has gone wandering and picked up. It also ensures we have the correct legacy pet.
2. Is your microchip on your pet's microchip registered? If you are unsure of the microchip company your pet is registered with, call the vet clinic who implanted the chip and they should be able to give you all the details.
3. Ensure your up to date phone number and contact person's numbers are registered on the microchip.
4. Otherwise you can do a search on this website www.petaddress.com.au

ANIMAL INFORMATION PET 1

NAME of pet _____ **TYPE of Animal** eg. Cat/Dog _____

Breed _____ **Colour/markings** _____

D.O.B. _____ **M/F** _____ **Desexed** Yes/No _____

Microchip Yes/No **Microchip Number** (if known) _____

Current Vet name, Clinic Name and contact number: _____

Approx date of last vaccinations?

WHAT vaccinations does your pet receive? C5/F4/ Annual Heart worm etc.

WHAT medications and tick/flea/intestinal worm prevention do you give your pet? _____

Temperament (Likes & Dislikes) Does your pet suffer from separation anxiety or any phobias? If so, explain what it does and when. _____

Is your pet an escape artist? _____

Feeding (eg. how many times a day are they fed? What time of day and type of food including treats and any dislikes or special dietary requirements. _____

Sleeping Arrangements/bed _____

Grooming Needs? Who with and how often? _____

Exercise requirements/How often is he walked? _____

Special toys/objects/blankies etc? _____

Good with children? Toddlers / Young children Yes/ No _____
 Older Children Yes/ No _____

Good with other animals? CATS Yes/No _____ DOGS Yes/No _____

Other (e.g. stock, birds etc) Please specify _____

NOTES _____

Medical History of PET 1

Does your pet have any medical conditions that we should be aware of, or requires medications?

eg. Has a grade 2 heart murmur, grade 1 luxating patella, skin, eye or ear conditions. Diabetes, Cushings.

What medications are they currently on? Please list name of medication, what it is used to treat, what dosage and when is it given. _____

Any other NOTES? _____

PET 1 INFO LAST UPDATED:

ANIMAL INFORMATION PET 2

NAME of pet _____ **TYPE of Animal** eg. Cat/Dog _____

Breed _____ **Colour/markings** _____

D.O.B. _____ **M/F** _____

Desexed Yes/No _____

Microchipped Yes/No **Microchip Number** (if known) _____

Current Vet name, Clinic Name and contact number: _____

Approx date of last vaccinations? _____

WHAT vaccinations does your pet receive? C5/F4/ Annual Heart worm etc. _____

WHAT medications and tick/flea/intestinal worm prevention do you give your pet? _____

Temperament (Likes & Dislikes) Does your pet suffer from separation anxiety or any phobias? If so, explain what it does and when. _____

Is your pet an escape artist? _____

Feeding (eg. how many times a day are they fed? What time of day and type of food including treats and any dislikes or special dietary requirements. _____

Sleeping Arrangements/bed _____

Grooming Needs? Who with and how often? _____

Exercise requirements. How often and how far do you walk your pet? _____

Special toys/objects/blankies etc? _____

Good with children? Toddlers / Young children Yes/ No _____

Older Children Yes/ No _____

Good with other animals? CATS Yes/No _____ DOGS Yes/No _____

Other (e.g. stock, birds etc) Please specify _____

Medical History pet 2

Does your pet have any medical conditions that we should be aware of, or requires medications?
eg. Has a grade 2 heart murmur, grade 1 luxating patella, skin, eye or ear conditions. Diabetes, Cushings.

What medications are they currently on? Please list name of medication, what it is used to treat, what dosage and when is it given. _____

Any further information or notes? _____

PET 2 INFORMATION LAST UPDATED:

ANIMAL INFORMATION PET 3

NAME of pet _____ TYPE of Animal eg. Cat/Dog _____

Breed _____ Colour/markings _____

D.O.B. _____ M/F _____ Desexed Yes/No _____

Microchip Yes/No Microchip Number (if known) _____

Current Vet name, Clinic Name and contact number: _____

Approx date of last vaccinations? _____

WHAT vaccinations does your pet receive? C5/F4/ Annual Heart worm etc. _____

WHAT medications and tick/flea/intestinal worm prevention do you give your pet? _____

Temperament (Likes & Dislikes) Does your pet suffer from separation anxiety or any phobias? If so, explain what it does and when. _____

Is your pet an escape artist? _____

Feeding (eg. how many times a day are they fed? What time of day and type of food including treats and any dislikes or special dietary requirements. _____

Sleeping Arrangements/bed _____

Grooming Needs? Groomed by and how often? _____

Exercise requirements/How often are they walked and approx. how far? _____

Special toys/objects/blankies etc? _____

Good with children? Toddlers / Young children Yes/ No _____
Older Children Yes/ No _____

Good with other animals? CATS Yes/No _____ DOGS Yes/No _____

Other (e.g. stock, birds etc) Please specify _____

NOTES _____

Medical History Pet 3

Does your pet have any medical conditions that we should be aware of, or requires medications?
eg. Has a grade 2 heart murmur, grade 1 luxating patella, skin, eye or ear conditions. Diabetes, Cushings.

What medications are they currently on? Please list name of medication, what it is used to treat, what dosage and when is it given. _____

Any other information or notes?

PET 3 INFO LAST UPDATED:

ANIMAL INFORMATION PET 4

NAME of pet _____ **TYPE** of Animal eg. Cat/Dog _____

Breed _____ **Colour/markings** _____

D.O.B. _____ **M/F** _____ **Desexed** Yes/No _____

Microchip Yes/No **Microchip Number** (if known) _____

Current Vet name, Clinic Name and contact number: _____

Approx date of last vaccinations?

WHAT vaccinations does your pet receive? C5/F4/ Annual Heart worm etc. _____

WHAT medications and tick/flea/intestinal worm prevention do you give your pet? _____

Temperament (Likes & Dislikes) Does your pet suffer from separation anxiety or any phobias? If so, explain what it does and when. _____

Is your pet an escape artist? _____

Feeding (eg. how many times a day are they fed? What time of day and type of food including treats and any dislikes or special dietary requirements. _____

Sleeping Arrangements/bed. Where do they sleep? _____

Grooming Needs? Who does grooming and how often?

Exercise requirements. How often and how far do you walk for dog? _____

Special toys/objects/blankies etc? _____

Good with children?
Toddlers / Young children Yes/ No _____
Older Children Yes/ No _____

Good with other animals? CATS Yes/No _____ DOGS Yes/No _____

Other (e.g. stock, birds etc) Please specify _____

Medical History Pet 4

Does your pet have any medical conditions that we should be aware of, or requires medications?
eg. Has a grade 2 heart murmur, grade 1 luxating patella, skin, eye or ear conditions. Diabetes, Cushings.

What medications are they currently on? Please list name of medication, what it is used to treat, what dosage and when is it given. _____

Any other information or notes?

PET 4 INFORMATION LAST UPDATED: