



## Pet Assurance Application

### Owner Info:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Spouse/Partner Name: \_\_\_\_\_

Home Address (Street): \_\_\_\_\_ Apt: \_\_\_\_\_

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

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Please provide at least one emergency contact:

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

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

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

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

If we needed access to your home to retrieve your pet, do you have a landlord or contact person that we should call? If so please provide here: \_\_\_\_\_  
\_\_\_\_\_

### Pet Info:

Pet Name: \_\_\_\_\_ Species: Cat/ Dog Breed: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ or Age \_\_\_\_\_ Sex: \_Male/ Female\_ Spayed or Neutered? \_Yes/ No\_

If the animal is spayed or neutered, do you know where and when? \_\_\_\_\_

Pet's markings/ coloration: \_\_\_\_\_

Microchip # \_\_\_\_\_ Veterinarian \_\_\_\_\_

Pet Personality Profile:

Has your pet ever bitten? \_Yes/No\_ How long have you owned your pet? \_\_\_\_\_

Good with Children? \_Yes/No\_ Good with Dogs? \_Yes/No\_ Good with Cats? \_Yes/No\_

What activities does your pet enjoy? \_\_\_\_\_  
\_\_\_\_\_

Housebroken or litter box trained? \_Yes/No\_ Crate trained? \_Yes/No\_ Paper trained? \_Yes/No\_

Is your pet fearful of anything: \_\_\_\_\_ Reactions to strangers: \_\_\_\_\_

How do you best describe your pet's temperament? \_\_\_\_\_

\_\_\_\_\_ Feeding schedule/ food preference \_\_\_\_\_

**Assurance Info:**

Do you plan on adding Oahu SPCA to your will/ trust/ estate planning in order to help care for your pet after your passing? \_\_Yes/No\_\_

What is the monthly allotment that you are planning to set aside for your pet and for how many years?

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(For reference: the average cost to care for a shelter dog per year is \$1000 and for cats is \$500.)

What is the name and contact info of your trust attorney? \_\_ \_\_\_\_\_

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Anything else we should know about your estate planning or your pet? \_\_\_\_\_

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How did you find out about Oahu SPCA's Pet Assurance Program?

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Why are you interested in Pet Assurance with Oahu SPCA?

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**Please list any questions you may have about the program or about the shelter so that we can address them with you when we meet or speak:**

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**Please list any concerns or questions you have about fostering so we can discuss them with you:**

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I agree that the information here is correct and I am legal guardian of the discussed pet in the application above.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Thank You!**

Please submit this application in person or via USPS mail to the OSPCA Shelter at 823 Olive Avenue, Wahiawa, HI, 96786 or scan and email to [adoption@oahusPCA.org](mailto:adoption@oahusPCA.org). After we review your application, we will do our best to contact you within a few days!