

Angel Care
the
Idaho Humane Society
Pet Will and Trust Program

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Angel Care

Frequently Asked Questions

The Program

The Idaho Humane Society's Angel Care Pet Will and Trust Program provides peace of mind to pet owners who worry about what will happen to their dog or cat if they become unable to care for them.

Angel Care was developed as a resource for pet owners, veterinarians and attorneys to provide an affordable and comprehensive solution for animals left homeless when tragedy strikes their owners.

Upon the incapacitation or death of their owner, pets enrolled in the Angel Care Pet Will and Trust are evaluated to determine if they will go to a loving new home through adoption or placement in the Idaho Humane Society's Foster Care program.

How will my pet be evaluated?

The evaluation will be conducted by our Angel Care Team, including a veterinarian and animal behaviorist, and will determine what is best for each animal. The procedure includes a medical examination to ascertain whether or not the dog or cat is healthy, followed by a behavior test to determine the best type of placement. **There is always a chance that animals may not meet the standards for adoptability that are stipulated by the Idaho Humane Society. If it is determined that the animal is not adoptable, then the executor or guardian designated by the pet owner would maintain custody of that animal. Executors should be aware that they may have to assume responsibility for the pet if it does not pass the evaluation.** Consideration will be given to special circumstances.

When a dog or cat has been accepted and becomes part of the program, any health issues will be addressed, and if socialization is needed, the pet will be placed in foster care.

What medical care will my pet receive?

Animals who are adopted through the Angel Care Trust are provided two years of medical care at the Idaho Humane Society Veterinary Medical Center free of charge subject to the following conditions:

Pets must be examined each year by our veterinary staff. At the time of that examination the dog or cat will be vaccinated in accordance with current protocols. All hospitalization and veterinary care recommended and approved by our veterinarians that can be undertaken by our staff and completed at our hospital will be covered.

These items include:

- Laboratory and other diagnostic work
- Non-routine office visits and examinations for treatment of illness and/or injury
- Necessary surgical procedures
- X-rays
- Medications

Exclusions from coverage include but are not limited to:

- Any services provided by outside specialists and consultants
- All veterinary care undertaken at other hospitals
- All elective services including but not limited to baths, shampoos, nail clips, grooming, health certificates, special diet food, vitamins, food supplements, boarding, and flea products.

Can my pet be cared for on a temporary basis?

Dogs and cats enrolled in Angel Care can be brought to the Idaho Humane Society at the request of their owner when special circumstances dictate that an owner temporarily cannot care for them. In such a case, the Idaho Humane Society will consider placing the pets in foster care during the owner's period of recuperation.

Angel Care FAQ

Can my estate executor or guardian place my pet in a home?

Yes, however, the placement must be in keeping with your wishes and approved by the Angel Care Team.

What if I have more than one pet?

The Pet Care Trust only accepts two pets from any one owner with a registration fee of \$50 for each animal and annual suggested donation of \$25 or more. However, additional pets (up to a total of six) may be considered if there are financial arrangements to cover the expenses.

How can I insure that my pet will be taken to the Humane Society?

Make sure your family, friends, neighbors and legal representatives know your wishes. You will receive the signed agreement to keep with your important papers. A wallet card and refrigerator magnet indicating whom to contact will be provided to you.

How would I let relatives (and others) know my wishes if I don't have a will?

We recommend that if possible you consult an attorney. Following is a sample of language that can be incorporated in your estate planning.

Sample language for a Married Person/Domestic Partnership:

Distribution for Pet Care.

If my spouse/partner does not survive me, then I give to the IDAHO HUMANE SOCIETY, of Boise, Idaho, my living pets identified in the Angel Care Trust Program Agreement executed on _____, and _____ dollars (\$ _____), for the benefit of the Idaho Humane Society through the Angel Care Pet Will and Trust Program that provides funds for the care of pets enrolled in the program as well as support of the Idaho Humane Society. This distribution is qualified that for each of the living pet(s) identified in the Pet Care Trust Program Agreement I have prepared and signed on _____, the funds will be distributed according to the terms of the writing, as the same may be amended from time to time after the execution of this Agreement.

Sample language for a Single Person:

Distribution for Pet Care.

I give to the IDAHO HUMANE SOCIETY, of Boise, Idaho, my living pets identified in the Angel Care Trust Program Agreement executed on _____, and _____ dollars (\$ _____), for the benefit of the Idaho Humane Society through the Angel Care Pet Will and Trust Program that provides funds for the care of pets enrolled in the program as well as support of the Idaho Humane Society. This distribution is qualified that for each of the living pet(s) identified in the Pet Care Trust Program Agreement I have prepared and signed on _____, the funds will be distributed according to the terms of the writing, as the same may be amended from time to time after the execution of this Agreement.

I have additional questions, whom do I talk to?

We want to address all of your questions and concerns. Please feel free to contact our **Angel Care Pet Will and Trust Program** representative at the Idaho Humane Society, 208/387-2760 or e-mail: angelcare@idahohumanesociety.org

Thank you for planning for the future care of your pet.





More Details About Your Dog

Your Name: _____ Dog's Name: _____

Your dog's food is: ☐ Canned ☐ Dry ☐ Combo ☐ Other: _____

Brand: _____ Amount: _____

Feeding time is: ☐ a.m. ☐ p.m. ☐ Throughout the day

How is your dog with strangers? ☐ Loves all people ☐ Likes family, doesn't like strangers
☐ Doesn't like certain people: _____

Does your dog bark at: ☐ Dogs ☐ Cats ☐ Children ☐ Bicycles ☐ Skateboards

Can you brush your dog with no problems? ☐ Yes ☐ Some difficulty ☐ Hard to do ☐ Haven't tried

Can you clip your dog's nails with no problems? ☐ Yes ☐ Some difficulty ☐ Hard to do ☐ Haven't tried

Can your vet examine and treat your dog? ☐ Yes ☐ Some difficulty ☐ Dislikes vet ☐ Never been

Can you take things away from your dog? (Check all that apply)

- ☐ No problem taking bones, toys, food away and pushing him/her off of the furniture
☐ Cannot touch food or take bowl away ☐ Cannot take certain toys or bones away
☐ Cannot push dog or order dog off of furniture ☐ Haven't tried

How is your dog with other dogs? (Check all that apply) ☐ Plays with dogs regularly

- ☐ Good with dogs off-leash ☐ Good with dogs on-leash ☐ Fights a lot
☐ Fights sometimes ☐ Fights with certain dogs ☐ Has hurt dogs in fights ☐ No problems

Has this dog ever bitten and broken the skin (drawing blood)? ☐ No ☐ Yes If so, please explain below

Favorite toys and activities: _____

Dog is: ☐ House trained reliably ☐ Paper trained ☐ Sometimes has accidents ☐ Not house trained

Crate trained? ☐ Yes ☐ No Likes crates? ☐ Yes ☐ No Length of time in crate: _____

What is your dog's daily exercise? _____ For how long? _____

How much of the time is the dog kept outside? _____ Inside? _____

Where does the dog sleep at night? _____

Where do you leave the dog when no one is home? _____

How many hours can s/he be successfully left alone? _____

continued ►

More Details About Your Dog

How do you keep the dog on your property? ☐ Fenced yard ☐ Cable/chain/leash ☐ No fence

Has your dog jumped the fence? ☐ Yes ☐ No Fence height & type: _____

Has your dog had any training? ☐ Obedience classes ☐ Home training ☐ Private training ☐ None

Has your dog lived in the same house with: ☐ Other dogs ☐ Cats ☐ Children (ages): _____

☐ Other pets (what kind?) _____ Was this successful? _____

Check all that apply to your dog:

☐ Jumps on people ☐ Likes riding in the car ☐ Digs ☐ Chews/destroys ☐ Escapes/runs away

☐ Confident ☐ Walks politely on the leash ☐ Barks often ☐ Comes when called ☐ Loves fetch

☐ Shy/reserved ☐ Affectionate ☐ Very active ☐ Loves food ☐ Chases cars ☐ Nips

☐ Sedate/mellow ☐ Frightened of noises ☐ Frightened of: _____

What do you like best about your dog? _____

Use this space to tell us anything else you think is important to know about your dog:



More Details About Your Cat

Your Name: _____ Cat's Name: _____

Your cat's food is: ☐ Canned ☐ Semi-moist ☐ Dry ☐ Other: _____

Brand: _____ Amount: _____

Feeding time is: ☐ a.m. ☐ p.m. ☐ Throughout the day

Cat: ☐ Is fully litter trained ☐ Sometimes defecates outside box ☐ Sometimes urinates outside box

Cat lives: ☐ Strictly indoors ☐ Indoors and outdoors ☐ Outdoors all the time

How many litter boxes in the home? _____ Type of litter used? _____

Please check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Very vocal, meows a lot | <input type="checkbox"/> Sprays indoors | <input type="checkbox"/> Playful |
| <input type="checkbox"/> Likes being held | <input type="checkbox"/> Likes to be brushed | <input type="checkbox"/> Lap cat |
| <input type="checkbox"/> Very tolerant | <input type="checkbox"/> Nips or bats if petted/handled too long | <input type="checkbox"/> Sedate/mellow |
| <input type="checkbox"/> Frightened by loud noises | <input type="checkbox"/> Doesn't like to be picked up | <input type="checkbox"/> Very active |
| <input type="checkbox"/> Wants lots of attention | <input type="checkbox"/> Outgoing/friendly with strangers | <input type="checkbox"/> Shy of strangers |
| <input type="checkbox"/> Scratches furniture | <input type="checkbox"/> Uses scratching post | <input type="checkbox"/> Plays with hands/feet |
| <input type="checkbox"/> Fights with cats (<i>including neighborhood cats</i>) | | <input type="checkbox"/> Hunts rodents/birds |
| <input type="checkbox"/> Sometimes nips/scratches other than above - Explain: _____ | | |

Cat has lived with: ☐ Other cats ☐ Dogs ☐ Birds/rodents ☐ Children (ages?) _____

Was this successful? _____

Cat likes: ☐ Other cats ☐ Dogs ☐ Birds/rodents ☐ Children ☐ Other _____

Cat dislikes: ☐ Other cats ☐ Dogs ☐ Birds/rodents ☐ Children ☐ Other _____

Is your cat most active: ☐ During the day ☐ At night

Where does your cat normally sleep? _____

continued ►

More Details About Your Cat

Favorite toys and activities? _____

How does your cat behave at the veterinarian's? _____

Can your cat's nails be clipped? _____

What do you like best about your cat? _____

Use this space to tell us anything else you think is important to know about your cat:



Angel Care Trust Program Agreement

About You

Your Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Telephones: (H) _____ (W) _____ (Cell) _____

About Your Companion

Please provide as much detail as possible. If your pet comes to us for re-homing, we want to treat him/her in the same manner that he/she is used to, which will alleviate stress and encourage healing. Also, your pet's new family would benefit from this information.

Cat ☐ Dog ☐ Male ☐ Female ☐ Neutered ☐ Spayed ☐

Name: _____ Breed: _____ Age: _____

Color: _____ Microchip #: _____

Please attach a recent photo of your pet if possible.

Your Pet's History

Was your pet a rescue? Yes ☐ No ☐

If so, from which shelter/agency/etc.? _____

How long have you owned your pet? _____

Does your pet have any special needs or receive medical treatment/medication?

Yes ☐ No ☐

If so, please list treatment or meds: _____

Is your pet currently insured? Yes ☐ No ☐

If so, name of provider: _____ policy #: _____

Your Pet's Veterinarian

Name: _____

Address: _____ City: _____

Telephone: _____ Fax: _____

E-mail: _____

continued ►

Angel Care Trust Program Agreement

Transfer Arrangements

If you're enrolling more than one pet, please indicate whether or not the pets should be adopted out together or separately. *A separate agreement is needed for each pet.*

Together ☐ Separately ☐ Number of pets enrolled: _____

Are you aware of the stipulation that we can only take six pets per person, and that each pet after the first two must come with \$2,500 each in your will or trust? For more information, please call our Angel Care representative at 208/387-2760.

Have you made any special provisions for your pet in your will or trust?

Please provide the name of the guardian responsible for transporting your pet(s) to the Idaho Humane Society in case of your incapacitation or death:

Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Telephones: (H) _____ (W) _____ (Cell) _____

I, the undersigned, do hereby certify that all the information provided is true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Print Name: _____

IHS Angel Care Representative: _____ Date: _____

More Information

If you have any questions about the Angel Care Pet Will and Trust Program, contact the Development Director at the Idaho Humane Society
Phone: 208/387-2760 E-mail: angelcare@idahohumanesociety.org

