



**Gulf Coast Primate Sanctuary**  
**70 INDA ROAD**  
**Perkinston, MS 39573**  
**(228)365-6578**  
**info@GulfCoastPrimateSanctuary.com**

GUARDIAN  
NAME \_\_\_\_\_

PHONE & E-MAIL \_\_\_\_\_

PRIMATE NAME \_\_\_\_\_

SPECIES \_\_\_\_\_

PRIMATES  
AGE/DOB \_\_\_\_\_

Where is the current location of the monkey? (please provide Contact information,  
physical address, name of individual to contact)

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Why are you relinquishing care of this primate?

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Can you furnish a photo to confirm species and subspecies?    NO    YES

Is the primate being handled by humans?    NO    YES

Is the primate diapered on a daily basis?    NO    YES (If yes, How often?) \_\_\_\_\_  
\_\_\_\_\_

Were there any injuries to family members or people in the home caused by this primate?    NO    YES  
(If yes) Please explain the incident::

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Any incidents outside the home where this primate caused harm to a person?  
NO    YES  
(If yes) Please explain the incident(who, what, when & how)

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Any injuries serious enough to require medical attention?

NO YES

If yes, explain:

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Have any of the injuries been reported? NO YES

Any public health authorities involved? NO YES

Please list: \_\_\_\_\_

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Any other pets in the home? NO YES

Please list: \_\_\_\_\_

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Sex of primary caretaker? Male Female

Any aggression or preference toward males or females? NO YES

Explain: \_\_\_\_\_

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Current Veterinarians Name and Contact Info: \_\_\_\_\_

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Does this Primate have any health issues – past or present? NO YES

Please list: \_\_\_\_\_

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Has this Primate had any Surgeries, Including Dental? NO YES

(If YES) Please list:

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Does this Primate have any fears that you're aware of? NO YES

(If YES) Please list:

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Any abnormal behaviors (self-attacking, rocking, pacing, etc.)? NO YES

Please list:

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Please describe the current diet and feeding schedule for the primate.

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Any food or other allergies? NO YES

Please list:

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Favorite foods? Please list:

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Any Comfort object (inanimate object) attachment? NO YES

Please specify:

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Has this Primate had any same species social interactions(except its mother)? NO YES

Please specify:

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Describe the temperament/personality of this primate:

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Any access or exposure to outdoors?    NO    YES

Please specify:

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Does this Primate have a safe place or "home cage"?

Please describe this cage and will it be coming with the Primate to the Sanctuary?

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Have you obtained a health certificate from your Veterinarian?    NO    YES

(If NO) Are you able to obtain a Health Certificate prior to transport? NO YES

How did you originally Obtain this primate?

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Seller or Prior Owner of  
Primate \_\_\_\_\_

Date of transaction and purchase  
price: \_\_\_\_\_

Can you furnish original transfer papers? NO YES  
Please attach copies of any documents associated with this original  
transaction/purchase.

Many primates may live to 40+ years of age.  
Are you or your family members prepared to underwrite or make tax-deductible  
contributions towards his/her habitat construction and lifetime care at a sanctuary? NO  
YES  
How much and how often?

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Will you or your family members consider providing for your pet's lifetime care in your  
estate plan?  
NO YES

Are you able to transport him/her to the sanctuary? NO YES

What is your time frame for placement? \_\_\_\_\_



Is your time frame flexible? NO YES

(explain if

yes) \_\_\_\_\_

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Are you in negotiations with any other individuals, sanctuaries or facilities re: selling or placement?

NO YES

If so please specify:

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Any other comments, questions or concerns you would like to make? \_

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Guardian's signature: \_\_\_\_\_

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

Date \_\_\_\_\_

Contact  
info:

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