



## Information for Pet Caregivers

Thank you for agreeing to take care of my pet(s) if due to an emergency, illness or death, I am unable to do so. Below is all of the information you will need.

\_\_\_\_\_  
*Your Signature*

### Owner Information

Your Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Your Emergency Contact (Person who may need to know about your situation or who has information on your condition.)  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone # \_\_\_\_\_

### Pet Caregiver Information

#### *Primary Emergency Pet Caregiver*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

#### *Alternate Emergency Pet Caregiver*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

#### *Veterinarian*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

#### *Pet Emergency Care Center*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

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## Business Information

### *Pet Health Insurance*

If you have a pet insurance policy, please provide the following:

Name of Insurance Company \_\_\_\_\_

Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

### *Power of Attorney*

If you have a power of attorney for dealing with pet related matters in the event of your incapacity or death, please provide the following:

Name of person appointed to act in your absence \_\_\_\_\_

Telephone number of person named above \_\_\_\_\_

Location of power of attorney document \_\_\_\_\_

### *Trustee Contact Information*

If you have a trustee appointed to distribute the assets you have allocated for pet care, please provide the following information:

Name of Trustee \_\_\_\_\_

Telephone Number \_\_\_\_\_

Location of trust or pet estate planning documents: \_\_\_\_\_

### *Other Pertinent Information*

Any other pertinent information, other than specific pet care information which will be addressed in subsequent pages, to help others provide for your pets in the event of your disability or death:

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## Pet Information

(Please copy and complete these two pages for each pet.)

Pet's Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Has your pet been spayed or neutered? \_\_\_\_\_

Breed \_\_\_\_\_

Please indicate if your pet has the following identification:

Microchip ID (Brand) \_\_\_\_\_ ID Number \_\_\_\_\_

License (City or County) \_\_\_\_\_ Tag Number \_\_\_\_\_

Identification Marks \_\_\_\_\_

Significant Medical History \_\_\_\_\_  
\_\_\_\_\_

Location of Food and Medicine \_\_\_\_\_  
\_\_\_\_\_

Feeding Instructions (type and amount of food, quantity,  
amount, number of daily feedings, supplements and medica-  
tions) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a current  
photo of your pet.

Medication Instructions \_\_\_\_\_  
\_\_\_\_\_

Type of flea and heartworm preventative \_\_\_\_\_

Special Needs \_\_\_\_\_

Behavioral Habits \_\_\_\_\_  
\_\_\_\_\_

Please note any verbal or non-verbal commands your pet responds to as well as any body  
language used to communicate \_\_\_\_\_  
\_\_\_\_\_

Please outline your pet's daily routine (walking, eating, sleeping, playing, bathroom  
habits) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is his/her leash? \_\_\_\_\_

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Is your pet allowed outside off leash? \_\_\_\_\_

Where does your pet sleep? \_\_\_\_\_

Does your pet like other animals? \_\_\_\_\_

Does your pet like children? \_\_\_\_\_

Where are your pet's veterinary records located in your home? (please attached most recent exam record) \_\_\_\_\_

### Permanent Caregiver Information

Permanent Caregiver for this Pet

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Alternate Permanent Caregiver for this Pet

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

### Any Other Information

Please provide any other information about your pet that will help your caregiver:

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