

### PET OWNER INFORMATION:

Name(s) \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

### CAREGIVER INFORMATION

Carefully select a minimum of two caregivers who agree to be responsible for your pets should anything happen to you. Caregivers are typically responsible for the day-to-day care of your pets. They should fully understand the obligation and requirements for this role. Your choice of caregivers should take into consideration the potential lifespan of your pets.

**Primary Caregiver** \_\_\_\_\_

This caregiver has agreed to care for my pets should anything happen to me  Yes  No

This caregiver will provide  short-term care  long-term care  both

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Alternate Caregiver** \_\_\_\_\_

This caregiver has agreed to care for my pets should anything happen to me  Yes  No

This caregiver will provide  short-term care  long-term care  both

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

### Pet Sitters and Boarding Facilities

Should your designated caregiver go on vacation or be temporarily unavailable to care for your pets, who should take care of them?

Contact \_\_\_\_\_ Average daily charge (or costs) \$ \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

### Alternate Pet Sitters and Boarding Facilities

Contact \_\_\_\_\_ Average daily charge (or costs) \$ \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency contacts might include friends and family members who may not necessarily take care of your pets but would be able to assist in case of an emergency.

**Contact #1** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Contact #2** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

### VETERINARIAN INFORMATION

In addition to listing the contact details below, please provide your veterinarian with copies of your care instructions. Make sure your veterinarian clinic knows who they should contact in case of an emergency.

**Primary Veterinarian or Emergency Care Facility** \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Email \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Emergency Phone ( ) \_\_\_\_\_

**Alternative Veterinarian or Emergency Care Facility** \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Email \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Emergency Phone ( ) \_\_\_\_\_

### TRUSTEE INFORMATION

Trustees are responsible for administering the assets you have set aside in your fund for your pets. Trustees might provide annual payments to caregivers as outlined in your estate plan or trust to cover the expenses of caring for your pet. It is recommended by licensed attorneys that Trustees and caregivers not be the same people.

**Primary Trustee or Trustee Service** \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Alternate Trustee or Trustee Service** \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

I would like to allocate \$ \_\_\_\_\_ per year for my Trustee or Trustee service to provide to caregiver.

### Trust Fund Information

For the benefit of the Trustee, please indicate how you plan to provide funds for the care of your pets.

Bank account    Tied to will    Life insurance policy

Other, please explain \_\_\_\_\_

We encourage you to work with an attorney or financial planner to appropriately fund your trust so that the Trustee is able to access the funds.

### Remaining Pet Trust Funds

Should my pet(s) die while under the care of a caregiver, I would like my remaining pet trust funds distributed to (percentages should total 100%).

P.E.T.S. ( Providing Essentials for Tehama Shelter) \_\_\_\_\_ %

Other pet welfare organization \_\_\_\_\_ %

Other beneficiary \_\_\_\_\_ %

## PET INFORMATION (continued)

Allergies (foods, medications, flea control products, etc.) \_\_\_\_\_  
\_\_\_\_\_

Special care instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is your pet's medical history located? \_\_\_\_\_

Do you maintain additional instructions for this pet?  Yes  No

If yes, where? \_\_\_\_\_

What brand of food do you feed this pet? \_\_\_\_\_  
\_\_\_\_\_

Approximately how much food per day? (for example: 3 cups/day) \_\_\_\_\_  
\_\_\_\_\_

When are the typical feeding times and amounts? \_\_\_\_\_  
\_\_\_\_\_

List any medications and/or supplements (indicate dosage and frequency) \_\_\_\_\_  
\_\_\_\_\_

Emergency Supplies for My Pet (location of leashes and harnesses, food, food bowls, medicine, and veterinarian records) \_\_\_\_\_  
\_\_\_\_\_

### Pet Health Insurance

Do you currently own a pet insurance policy?  Yes  No

If yes, please provide the following information

Name of Provider \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Policy Number \_\_\_\_\_ Cost per year \_\_\_\_\_

### In Case of Serious Illness

Should my pet become seriously ill:

- My veterinarian should make the decision about end of life care.
- My caregiver should make the decision about end of life care.
- My emergency contacts should consult the caregiver and veterinarian to make any decision regarding end of life care.

### In Case of Death

When your pet dies, how do you want the pet's remains to be cared for?

- Burial  Cremation  Local Pet Cemetery  Caregiver can determine

I would like to allocate \$ \_\_\_\_\_ for the cost of caring for my pet's remains.

(You may want to consider an allowance for any special markers, urns or caskets in this amount.)

## COMPONENTS OF A LIFETIME CARE PLAN

Our pets do so much for us, yet few of us have done anything to ensure their long-term care. Having a lifetime care plan for your pets will provide peace of mind by ensuring that the animals you love have the kind of life you want to give them—even if you're not around to provide the care.

### 1 Step Identify Caregivers.

Identify people who could step in to take short-term care of your pets in the hours, days or weeks after an emergency, or who would adopt your pets should you die or become incapacitated. If you cannot find friends, relatives, or neighbors to care for your pets, your veterinarian, local pet sitters and animal rescue groups may be able to help you locate potential caregivers.

### 2 Step Prepare written instructions outlining how your pets should be cared for.

How do you want your pets to live—in another household or in a sanctuary? What kind of special care do your pets require? Do you want your pets to stay together? To make sure that your wishes are followed, your instructions must be written down and someone must know where to find them.

### 3 Step Set up a fund specifically for the care of your pets.

You currently pay for food, shelter, supplies and medical care for your pets. Those expenses won't stop, even if you aren't here to pay them. You may want to set aside funds for temporary or foster care, transportation to a new home and the ongoing care of your pets.

**PET INFORMATION**

Pet's Name \_\_\_\_\_ Sex  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Has your pet been spayed or neutered?  Yes  No

Type  Indoor  Outdoor  Cat  Dog  Bird  Horse

Other \_\_\_\_\_ Breed \_\_\_\_\_

Please indicate if your pet has the following identification

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

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

Tattoo and/or Identification Marks \_\_\_\_\_  
\_\_\_\_\_

Medical History (any specific information relative to the pet's health history) \_\_\_\_\_  
\_\_\_\_\_

Special Needs (such as a permanent medical condition or special exercise routine) \_\_\_\_\_  
\_\_\_\_\_

Special Diet Requirements \_\_\_\_\_  
\_\_\_\_\_

Behavioral Habits (examples: protective, fear of loud noises, or anything unique about your pet's behavior) \_\_\_\_\_  
\_\_\_\_\_

Please note any verbal and nonverbal commands your pet responds to as well as any body language used to communicate

Come  Sit  Stay  Down  Other \_\_\_\_\_

If you and your pet have your own obedience language, please describe \_\_\_\_\_  
\_\_\_\_\_

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

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

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

What access does your pet have to your home and furniture? \_\_\_\_\_

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

If your pet has any favorite games, toys or possessions, please note what and where they are \_\_\_\_\_  
\_\_\_\_\_

Type of flea/heartworm preventative \_\_\_\_\_

