

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 _____

