

Pet Caregiver(s) Form

In the event that I should become unable to care for my family pets due to temporary illness/injury or as a result of an indefinite incapacitation or my death, these are my instructions for my pet's well being and their care.

Name of person(s) completing this form:

Print Name

Signature

Date

Temporary Caregiver(s)

Primary Caregiver for temporary care:

I have discussed with : _____ . He/she has agreed to be the primary person to care for my pets if I should temporarily become unable to care for them.

Contact Information

Location / full address [Mx or elsewhere]:

Phone# and e-mail address: _____

Signature of Caregiver

Date

Back-up pet Caregiver for temporary care:

I have discussed with : _____ . He/she has agreed to be the back-up person to care for my pets if I should temporarily become unable to care for them.

Contact Information

Location / full address [Mx or elsewhere]:

Phone# and e-mail address: _____

Signature of Caregiver

Date

Permanent Caregiver(s)

Primary Caregiver for permanent care:

In the event of my death, I have discussed with _____ and he/she has agreed to be the primary person to care for my pets.

Contact information

Location / full address [Mx or elsewhere]:

Phone# and e-mail address: _____

Signature of Caregiver

Date

Back-up Caregiver for permanent care:

In the event of my death, I have discussed with _____ and he/she has agreed to be the back-up person to care for my pets.

Contact information

Location / full address [Mx or elsewhere]:

Phone# and e-mail address: _____

Signature of Caregiver

Date

If you are asking someone to care for your pets should become incapacitated or in the event of your death:

1. What financial provisions have you made for the new caregiver(s) who will provide this care?

a) Have you done this? Circle the answer: No / Yes

If no, this would be a wise and a helpful thing to do before it needs to be utilized.

If yes, how much money? _____

b) How can this pet care money be accessed by the care-giver(s)?

2. Should one of your family member(s) who lives out of the country be contacted?

Circle the answer: No / Yes

If yes: Who : _____

How can they be contacted? _____

3. If the pet caregiver is unable to keep the pets with them, what thoughts/plans do you have about the pet's placement:

a) If an adoptive home can be found for your pet(s), is that agreeable with you? Circle the answer: No / Yes

b) Should some pets be kept together if at all possible? No / Yes

If yes, which ones should be kept with each other?

c) Can they be placed in a no-kill sanctuary? No / Yes

If yes, name of a preferred place : _____

d) Under what circumstances, if any, do you want your pets "put to sleep"?

_____ and by what Vet?: _____

4. The name of the veterinary that has taken care of my pets in the recent past and is familiar with them:

Vet name: _____

Address/location: _____

Phone number : during business hours _____ **and** after hours for emergencies: _____