



## Completing Instructions for the Care of Your Pets

To ensure that your pets continue to receive the same type of care you currently provide, recording instructions will allow anyone involved in caring for your pets to understand how best to care for them. Please make copies of these forms and provide them to your backup and emergency caregivers, pet sitters, dog walkers, and your veterinarian. If you are preparing an estate plan, provide these forms to your attorney to be included with your plan.

# Pet Care Instructions Form

\_\_\_\_\_

### PET OWNER INFORMATION:

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

### 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 Code \_\_\_\_\_  
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 Code \_\_\_\_\_  
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 Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Alternate Pet Sitters and Boarding Facilities

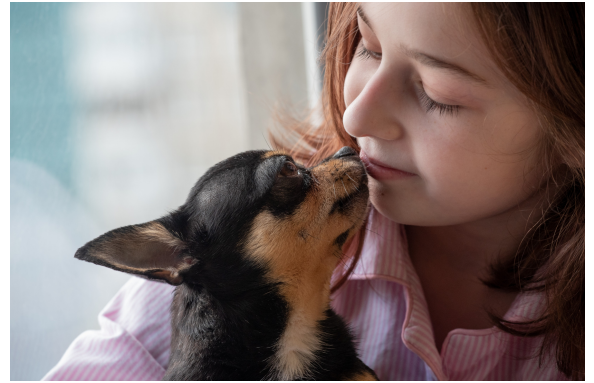
Contact \_\_\_\_\_ Average daily charge (or costs) \$ \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**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 Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_



**Contact #2**

Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
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 \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
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 individuals.

**Primary Trustee or Trustee Service**

Address, City, State, Zip Code \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_ Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
I would like to allocate \$ \_\_\_\_\_ per year for my Trustee or Trustee service to provide for the 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 designates trust as beneficiary: policy number \_\_\_\_\_  
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 Funds**

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

2nd Chance 4 Pets \_\_\_\_\_ % Address: 1484 Pollard Road, No. 444, Los Gatos, CA 95032  
Other pet welfare organization \_\_\_\_\_ % Address: \_\_\_\_\_

**2nd Chance 4 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: \_\_\_\_\_



Please indicate if your pet has the following identification:

Microchip? Yes \_\_\_ No \_\_\_

ID (Brand) /ID Number \_\_\_\_\_

License \_\_\_\_\_

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

Tattoo? Yes \_\_\_ No \_\_\_ 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 unique obedience language, please describe. \_\_\_\_\_

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

Is your pet allowed outside? Yes \_\_\_ No \_\_\_

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

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

Does your pet like children? Yes \_\_\_ No \_\_\_ Other: \_\_\_\_\_

If your pet has any favorite games, toys or possessions, please note where they are located.

Type of flea/heartworm preventative and when administered: \_\_\_\_\_

### 2nd Chance 4 Pets

**PET INFORMATION** (continued)

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

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 if my pet should be euthanized? Yes \_\_\_ No \_\_\_

My caregiver should make the decision if my pet should be euthanized? Yes \_\_\_ No \_\_\_

My emergency contacts should consult the caregiver and veterinarian to make any decision about the euthanization of my pet? Yes \_\_\_ No \_\_\_

**In Case of Death**

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

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 include an allowance for any special markers, urns or caskets in this amount.)

**2nd Chance 4 Pets**