



THOUSANDS OF PETS
EACH YEAR ARE
ORPHANED DUE TO THE
DEATH OR DISABILITY
OF THEIR HUMAN
COMPANIONS.

HOSPETS FOCUSES ITS
EFFORTS ON ADDRESSING
THIS ISSUE.

**If anything
happened to you,**

What would happen to me?



This document will provide a way for you to document the instructions outlining the care of your pets to help secure lifetime care for them. Taking the time to complete these forms and provide copies to potential caregivers will help to guarantee that your pets will always be cared for.

SELECTING CAREGIVERS

Identifying the right individuals to provide care is the most important part of lifetime care planning for your pets.

You should first take into account whether you want all your pets to be cared for by one person, or if different pets should be cared for by different people.

When selecting caregivers, consider partners, adult children, parents, brothers, sisters and friends who have met your pets and have successfully cared for pets themselves. Other options include staff members at your veterinarian's office, or an animal rescue organization.

Identify alternate caregivers should your first choice become unable or unwilling to take over the care of your pets. Remember, the caregiver will have full accountability for your pets' care – including veterinary treatment and end of life care.

Stay in touch with designated caregivers and alternates. Over time, people's circumstances and priorities change.

Locating a new home for your pets can take several weeks or several months, so it is important to arrange temporary care as part of your planning efforts.

ENSURING LONG TERM, PERMANENT CARE FOR YOUR PETS

The best way to make sure your wishes are fulfilled is by making formal arrangements that specifically cover the care of your pets. **We suggest that you complete the Letter to Pet Guardian.** This contains important information and instructions for the care of your pets. We also **strongly suggest you complete the Pet Care Durable Power of Attorney.** This is a legally binding document which allows your chosen caregiver to care for your pets should you become unable. Keep a copy with your will. Give a copy to the chosen caregiver. Place the Emergency Information for our Pets form on your refrigerator in plain sight.

LETTER FOR PET GUARDIANS

This letter contains important information and instructions for the care of my pets. It is not a legally binding document and is only intended to help my Pet Guardian provide proper care for my pets.

Name of Pet Owner: _____ Date Completed: _____

The location where vaccine records, health records, and county licenses on my pets can be found is: _____

Important Contact Information

Name of Pet Guardian: _____ Pet Guardian's Phone #: _____

Pet Guardian's Mailing and Email Address: _____

Name of Veterinarian: _____ Veterinarian's Phone #: _____

Veterinarian's Office Address: _____

Name of Groomer: _____ Groomer's Phone #: _____

Groomer's Address: _____

Other Contact: _____

Description of First Pet

Pet Name: _____ Species: _____ Breed: _____ Color: _____ Age: _____

Distinctive markings: _____

Brand of Food: _____ How often fed? _____ How Much? _____

Food Allergies: _____ Medications: _____

Weight: _____ Housetrained: _____ Yes _____ No Crate Trained: _____ Yes _____ No

Diseases & Injuries: _____

Biting or Snapping Issues: _____

Description of Second Pet

Pet Name: _____ Species: _____ Breed: _____ Color: _____ Age: _____

Distinctive markings: _____

Brand of Food: _____ How often fed? _____ How Much? _____

Food Allergies: _____ Medications: _____

Weight: _____ Housetrained: _____ Yes _____ No Crate Trained: _____ Yes _____ No

Diseases & Injuries: _____

Biting or Snapping Issues: _____

Other Behavior or Health Issues of My Pets Are Noted Below: _____

Medical Decisions Regarding My Pets

Check Only 1 of the 3 Choices Below:

___ I want my pets to receive all medical treatments available to treat any disease, illness or injury they have, including but not limited to, chemotherapy, radiation, acupuncture, massage therapy, dialysis, etc.

___ I want my Pet Guardian to use his or her discretion and best judgment in determining the type of veterinary care, medications, and medical treatments my pets should receive, taking into consideration the amount of suffering my pet will endure, the likelihood such care, medication or treatment will improve my pet's longevity and quality of life, and the recommendation of the treating veterinarian.

___ I want my Pet Guardian to ensure my pets receive routine veterinary examinations, medications, pain relievers, vaccinations, preventative medications, steroidal treatments, antibiotics, and surgeries as recommended by the treating veterinarian. However, I do not want my pets subjected to chemotherapy, radiation, dialysis or similar types of treatment that could put my pets through unnecessary pain and suffering that may outweigh the benefits. My Pet Guardian should follow the recommendation of the treating veterinarian to ensure my pet is comfortable and does not experience unnecessary pain. If my pet is experiencing a significant amount of pain that cannot be relieved with medications, my Pet Guardian should use his or her discretion and best judgment in deciding whether to have my pet euthanized.

Last Wishes Regarding My Pets

After their death, I prefer my pets be: _____ cremated _____ buried

___ I made arrangements for my pets to be buried at: _____

___ I have not made arrangements for the burial of my pets and leave this decision to my Pet Guardian.

If my pets are cremated, I want their ashes stored as follows: _____

PET CARE DURABLE POWER OF ATTORNEY

ADVANCE DIRECTIVE

Durable Power of Attorney for Pet Care

I, _____, hereby appoint _____
of (complete address) _____

Ph. #'s () _____ Evening or Other () _____

as my agent to make any and all pet care decisions for my pet(s), except to the extent that I state otherwise in this document or as prohibited by law. This durable power of attorney shall take effect in the event that I become unable to care for my pet(s) or when I die.

Statement of Desires, Special Provision and Limitations Regarding Care of My Pet(s)

1. If I am unexpectedly hospitalized, I have made arrangements with (agent) _____,
(agent's address) _____ (agent's phone) _____
to care for my pet(s) in a responsible manner.

2. Should my pet(s) be unable to continue living with a comfortable quality of life, I authorize the agent to direct that my pet(s) be humanely euthanized.

Circle and initial your choice:

3. If I should die or become permanently institutionalized:

A. I should authorize my agent to use her/his best judgment in finding good homes for my pet(s). If necessary my agent is authorized to seek the help of an animal shelter, veterinarian, and animal adoption service, and or a breed rescue/relocation organization to assist in the placing of my pet(s). I realize that there is the possibility that my pet(s) may have to be euthanized if suitable homes cannot be found.

B. I have made arrangements with I have made arrangements with (agent) _____,
(agent's address) _____ (agent's phone) _____ to take care
of my pet(s) for the rest of her/his/their natural lifespan.

Other specific desires:

4. In the event that the person I have appointed is unable, unwilling, unavailable, or ineligible to act as my pet care agent, I hereby appoint the following as alternatives:

Name _____ **Address** _____

Ph. #'s () _____ Evening or Other () _____

Name _____ **Address** _____

Ph. #'s () _____ Evening or Other () _____

I hereby release the named person(s) and/or institution(s) relying on this Durable Power of Attorney for Pet Care from any and all liability to me or to my estate for any actions taken pursuant to this Advance Directive and them harmless for their reliance on any instructions of the designated agent or alternate.

In Witness Whereof, I have hereunto signed my name _____ this day of _____

I declare that the principal appears to be of sound mind and free from duress at the time of the signing of this Durable Power of Attorney for Pet Care and that the principal has affirmed that she or he is aware of the document and is signing it freely and voluntarily.

Witness _____ Address _____

Witness _____ Address _____

Wallet Card

(fold here)

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EMERGENCY CONTACT CARD

In case of emergency, please contact the caregivers below to make sure my pets are taken care of. I have _____ pets in my home.

Important information for my pets below!



Name _____ Phone _____ Pet's Name _____ Type of Animal _____

Address _____ Pet's Name _____ Type of Animal _____

Alt Name _____ Phone _____ Pet's Name _____ Type of Animal _____

Address _____ Pet's Name _____ Type of Animal _____

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Contact Form to Post in Your Home

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EMERGENCY INFORMATION FOR OUR PETS



If I/we am unable to care for my pets please call the persons below.

Name:

Phone Numbers:

Alt Phone Number:

Alt Name:

Phone Numbers:

Alt Phone Number:

PETS IN OUR HOME:

Location of leashes, food, and medicine:

VETERINARIAN:

Name:

Phone Number:

After-hours pet emergency phone number: