

**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 \_\_\_\_\_  
Home 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 \_\_\_\_\_  
Home 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 \_\_\_\_\_  
Home 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 \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Primary Trustee or Trustee Service**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
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  
 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 \_\_\_\_\_  
Other beneficiary \_\_\_\_\_



## 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 ID (Brand) \_\_\_\_\_ ID Number \_\_\_\_\_ License (City or County) \_\_\_\_\_ Tag Number \_\_\_\_\_

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 \_\_\_\_\_

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

Is your pet allowed outside? \_\_\_\_\_ Where does your pet sleep? \_\_\_\_\_ Does your pet like children? \_\_\_\_\_

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

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

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

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

Special care instruction \_\_\_\_\_

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

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.
- My caregiver should make the decision if my pet should be euthanized.
- My emergency contacts should consult the caregiver and veterinarian to make any decision about the euthanization of my pet.

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

