THOUSANDS OF PETS ARE ORPHANED EACH YEAR DUE TO THE DEATH OR DISABILITY OF THEIR HUMAN COMPANIONS. 2ND CHANCE 4 PETS FOCUSES ITS ENTIRE EFFORTS ON ADDRESSING THIS LONG UNRECOGNIZED ISSUE.

TABLE OF CONTENTS

Why Care Instructions are Important .................................. 1
Identifying Caregivers .................................................... 2
Care Instruction Forms to Complete ..................................... 3
Care Instruction Forms to Complete for Each Pet ........................ 5
Emergency ID Cards .......................................................... 7
About 2nd Chance 4 Pets ..................................................... 8

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IF ANYTHING HAPPENED TO YOU, what would happen to me?

In our previous newsletters we have provided information about steps you can take to ensure that—should your pets outlive you—they will always be cared for.

In this special edition newsletter created by the volunteers of 2nd Chance 4 Pets, we 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.

Completing Instructions For The Care Of Your Pets

On pages 3-6 of this newsletter we have included “care instruction forms” that you can complete, make copies of and pass along to anyone involved in caring for your pets. These forms can also be helpful with your estate planning activities.

Why are care instructions for your pets important?

To ensure that your pets will continue to receive the same type of care you currently provide, recording these instructions will allow anyone who might care for your pets (temporarily or permanently) understand best how to provide this care.

What if you have more than one pet?

Make copies of pages 5-6 and complete these two pages for each pet.

Are the forms available online?

Yes! Go to the “Resources” section of our website (www.2ndchance4pets.org) and look for the link “PET CARE INSTRUCTIONS FORM”.

2nd Chance 4 Pets is not a law firm and does not provide legal advice. Nothing contained in our literature should be construed as legal advice or the practice of law. The forms we provide are not a substitution for legal forms.
WHO WILL BE YOUR PET’S GUARDIAN WHEN YOU’RE NOT THERE?

PetGuardian

Providing loving care for your pet is a lifelong commitment. Who will be there to honor this commitment if you no longer can?

Year after year, thousands of helpless pets are euthanized after their owners have died. Visit us at www.petguardian.com or call 1.888.843.4040 to find out how to establish an affordable PetGuardian Pet Trust Plan to ensure the lifelong care of your pet.

in association with Best Friends Animal Society

WWW.PETGUARDIAN.COM

SELECTING CAREGIVERS

As part of the process of documenting instructions for the care of your pets, 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. It might be best to keep pets together who have bonded. (If you have many pets and own your own home, review the article on our website about the “Animal Care Panel” option.)

When selecting caregivers, consider partners, adult children, parents, brothers, sisters, and friends who have met your pet and have successfully cared for pets themselves. Other options include pet sitters, dog walkers, other pet owners and staff members at your veterinarian’s office (vet techs can make excellent caregivers!).

Identify alternate caregivers in case your first choice becomes unable or unwilling to take over the care of your pets. It’s essential that you discuss your expectations with all potential caregivers so they understand and are willing to accept the responsibility of caring for your pets. Remember that a caregiver will have full accountability for your pets’ care—including veterinary treatment and decisions about end of life care. We recommend that you carefully identify individuals you trust, who accept the responsibility of caring for your pets and will do what is in their best interest.

Stay in touch with designated caregivers and alternates. Over time, people’s circumstances and priorities change. You will want to make sure that the arrangements you have made are kept up-to-date.

Locating a new home for your pets can take several weeks or several months, so it is important to line up 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. It’s not enough that long ago a friend or relative verbally promised to take over the care of your pets or even that you’ve decided to leave money to a friend for that purpose. We strongly recommend that you consult with an attorney to draw up a will, trust, or other legal documents, as well as allocate funds to provide for the care of your pets. For more information, please visit www.2ndchance4pets.org.

A special thanks to Clay Myers (petimage.org) for the use of many of the photos used throughout this newsletter.
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

Address

City

State

Zip

Phone ( )

Cell Phone ( )

Emergency Phone ( )

Alternative Veterinarian or Emergency Care Facility

Name of Veterinarian

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%).

2nd Chance 4 Pets

% 

Other pet welfare organization

% 

Other beneficiary

%
PET INFORMATION (Please make a copy of pages 5-6 to complete for each pet. These forms are also available on our website.)

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 ______________________
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.)
2ND CHANCE 4 PETS EMERGENCY ID CARDS

What are Emergency ID and Wallet Cards? These cards are provided by 2nd Chance 4 Pets to post in your home, and carry with you in your wallet. This information will alert others to be aware of the pets in your home and who should be contacted to take care of your pets in case of an emergency.

Emergency Identification Card

In case of emergency, please contact the caregivers listed on this card to ensure care for my pets. I have ______ pets in my home.

My Address

<table>
<thead>
<tr>
<th>Pet’s Name</th>
<th>Type of Animal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pet’s Name</td>
<td>Type of Animal</td>
</tr>
<tr>
<td>Pet’s Name</td>
<td>Type of Animal</td>
</tr>
</tbody>
</table>

In this card to make sure my pets are taken care of.

Emergency Contact Information for my Pets

Phone Number(s)

Our Alternate Phone #’s

Pets in our Home

Location of leashes, food, medicine

VETERINARIAN

Name

Phone Number(s)

After-hours pet emergency phone number

EMERGENCY PET CAREGIVERS

Name

Phone Number(s)

Name

Phone Number(s)

2nd Chance 4 Pets is grateful to individuals who donate their time and donate funds to help us in our efforts to save pets. We would like to share a special letter from one of our supporters (reprinted by permission).

Dear 2nd Chance 4 Pets,

I have been ill for many years and I know that my three cats—Suzie, Josie and Missy—will outlive me. I have been consumed by worrying about what would happen to them when I pass away. My veterinarian contacted me recently and sent me a brochure she had received from you.

I followed the instructions outlined in your brochure and I visited your website where I found more information that has helped me plan for my cats’ future care. I printed extra emergency cards. I posted one on my refrigerator, one on the inside of my front door and one on the inside of my back door.

Finding caregivers required a little more work, but I have found two friends that have promised to take over the care of my pets. They understand the responsibility and they know how important this is to me. I have set aside a special fund that will help with the costs of the care of my cats.

Thank you for the wonderful gift of peace you have provided. Enclosed is a small donation to help you help others like me.

Sincerely yours,

Marjorie B.
ABOUT 2ND CHANCE 4 PETS

2nd Chance 4 Pets was established to tackle a serious issue that has never before been formally addressed. Our goal is to help pet owners understand how to plan for their pets’ care should their pets outlive them and therefore reduce the number of pets euthanized throughout the US each year due to the death of their owners.

Thousands of pets each year are surrendered to and euthanized in shelters and in veterinarian clinics simply because the pet owner passed away and had never made plans for the continued care of their pets. According to the ASPCA, 2-3% of all pets entering shelters are surrendered due to the death or disability of the pet owner.

2nd Chance 4 Pets is an all-volunteer, 501(c)(3) nonprofit organization operating out of Los Gatos, California. Our volunteers are working nationwide to provide pet owners, veterinarians, and members of animal care organizations with comprehensive information and lifetime care solutions to ensure that our companion animals will always be cared for.

Based on the overwhelming response and requests for assistance we have received from pet owners, animal rescue groups, shelters, hospices, and veterinarians, we are convinced that our programs have a significant impact on preventing countless numbers of pets from being euthanized unnecessarily, providing pet owners with peace of mind, and reducing the financial and manpower strain on overburdened animal shelters and rescue organizations.

Our volunteer team leads workshops and participates at veterinarian and animal care conferences across the US. We have more than 200,000 brochures distributed in veterinarian clinics coast-to-coast. 2nd Chance 4 Pets is working together with veterinarian colleges and universities to incorporate our information into their curriculum in order to provide new veterinarians with the education necessary so that they are able to help guide their future pet owner clients.

Your support will help in our effort to save pets lives. We appreciate donations, airline miles, gift cards and your time. Please contact us by email at info@2ndchance4pets.org or by mail (1484 Pollard Rd, No 444 Los Gatos, CA 95032) should you be interested in supporting our efforts. We truly appreciate your recognition of this important work.

FOR MORE INFORMATION - www.2ndchance4pets.org