

ARRANGEMENT FOR CARE OF MY PETS

IN CASE OF ACCIDENT OR DEATH:

In the event that I, _____ die or am incapacitated and unable to care for my dog(s), please honor the following requests:

1. Guardianship/Ownership of my dogs will go directly to the following person or Rescue Organization. Contact him/her as soon as possible.

Name: _____

Address: _____

Phone: _____ Email: _____

They will pay all expenses for care and transportation of the dog(s) to be delivered to them.

2. If the dog(s) are injured during an accident in which I die or am incapacitated, they are to be cared for by the nearest reputable Veterinarian/Kennel, and be kept there in the best possible manner, until such time arrangements can be made for their transport to the above person.
3. Contact my veterinarian regarding decisions on the dog(s) care and treatment. If any dog is injured beyond all hope of recovery, that dog is to be humanely euthanized.

Name of Veterinarian: _____ Phone: _____

Photos and descriptions of my dog(s) are attached along with their health records. These dogs are micro chipped or tattooed with the following identification numbers:

Name of dog _____ Microchip Number _____

Name of dog _____ Microchip Number _____

Name of dog _____ Microchip Number _____

The welfare of my dog(s) is my primary concern.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____

For additional estate planning assistance, please visit:

<http://estateplanningforpets.org/faq7.htm> and <http://www.ddal.org/pettrust>

