

Pet Directive

This Pet Directive includes important information about your Pet. It is to be used as a guide by those who have been charged with finding a loving, healthy home for your Pet if something should happen to you and/or any co-owners of the Pet. This is not a legally binding document; it's purpose is to provide important background information on your Pet and to state your wishes regarding the Pet's care.

- To be completed for each Pet. Please attach a photo of your Pet, if possible.
- This document is for domesticated household pets only (e.g.: horses require different level of planning).
- If there are multiple owners (e.g. spouses, siblings), all should sign Page 5.
- Not to be used to make monetary bequests for your animal. See Part 4 on Page 4.

OWNER INFORMATION

Owner's Name(s):	
Address:	Phone Number:
City:	State: Zip Code:

PART ONE GENERAL BACKGROUND INFORMATION

Pet's name:
Type of Animal (e.g.: dog, cat):
Brief description and special markings:
Breed:
How Pet was originally obtained (e.g.: adoption, friends, breeder, rescue group):
Current age of Pet:
Pet is microchipped? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, the microchip company and contract number is:
Pet has been neutered/spayed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pet regularly wears a collar? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pet is registered with the County? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, the number of the registration is:
Pet has sibling(s): Yes <input type="checkbox"/> No <input type="checkbox"/> Name of sibling(s) and type of animal:
Brief description of Pet's personality (e.g.: happy, anxious, shy):

PART TWO
PET'S HEALTH HISTORY AND CONTACTS

Current Veterinarian Contact Information:

Name:	Phone Number:
Address:	
City:	State: Zip Code:

Prior Veterinarian Contact Information:

Name:	Phone Number:
Address:	
City:	State: Zip Code:

Has the Pet been regularly vaccinated?

Yes <input type="checkbox"/> No <input type="checkbox"/>
Date / Year of Last Vaccination:

Name of Pet insurance company and information, if applicable:

Name:	Phone Number:
Address:	
City:	State: Zip Code:
Contract Number for Policy:	Annual Premiums:

MEDICATION

Name of Medication		
Dosage:	Purpose:	Duration:
Name of Medication		
Dosage:	Purpose:	Duration:
Name of Medication		
Dosage:	Purpose:	Duration:

Prior Surgeries:

Health issues to be aware of:

PART THREE
DAILY ROUTINE AND MAINTENANCE

Animal is on a prescription diet: **Yes** **No**

Brand of food:

Amount:

Times daily:

Favorite treats:

Favorite toys:

Name of Groomer:

Frequency of visits to groomer:

Special instructions:

Exercise regimen:

Pet walker – name and contact, if applicable:

Pet sitter – name and contact, if applicable:

This Pet is:

- Indoor only**
- Outdoor only**
- Indoor/Outdoor**
- Kept in a crate during the day**
- Other, explain**

This Pet has use of a “doggie door”

- Yes** **No**

This Pet is let out to “potty” as follows:

Sleeping arrangements (e.g.: crate, owner’s bed, pet’s own bed):

This Pet enjoys the following:

Location of pet supplies in my home:

PART FOUR
CARE FOR PET AFTER DEATH OR INCAPACITY OF OWNER(S)

Temporary Care. If I/We cannot care for the Pet temporarily, the following individuals / organizations can provide short-term shelter and care for the Pet:

First Choice

Name:

Phone number and/or email:

Second Choice

Name:

Phone number and/or email:

Permanent Home. If I/We can no longer care for the Pet permanently, My/Our Legal Agent shall offer this Pet to the following individual(s), breeder(s), or organization(s), in the order listed below:

First Choice

Name:

Phone number and/or email:

Second Choice

Name:

Phone number and/or email:

I/We have already asked those listed above to care for the Pet upon My/Our incapacity or death(s).

Yes **No**

Please inform the breeder of the whereabouts of the Pet after My/Our incapacity or death(s).

Yes **No** **Not applicable**

It is possible to include instructions about your Pet in your Estate Planning Documents.

I/We have included provisions about this Pet in a Will, Trust and/or Power of Attorney.

Yes, please see those documents, located (fill in location):

No, I/We have not. **I/We do not know.**

Important Note: If you wish to leave a monetary gift for the benefit of your animal, you should formally do so in your estate documents (e.g.: Will, Trust, Power of Attorney) to be valid. You should not attempt to make a bequest to your animal in this document. This document should not conflict with your estate planning.

PART FIVE
GUIDANCE FOR FINDING A NEW HOME

Please circle where applicable on the numbered scale. The number "1" means "Do Not Agree," the number "5" means "Strongly Agree".

This Pet gets along well with children	1	2	3	4	5	Don't know
This Pet would prefer a quiet home	1	2	3	4	5	Don't know
This Pet should be kept with his/her sibling(s)	1	2	3	4	5	Not applicable
Access to a yard is important for this Pet	1	2	3	4	5	Not applicable
This Pet needs daily exercise	1	2	3	4	5	Not applicable
This Pet should not be placed in a home with other pets	1	2	3	4	5	Don't know

PART SIX
END OF LIFE CARE FOR THE PET

At the Pet's death, the animal is to be:

Cremated

Buried in a Pet Cemetery or other location an animal is legally allowed to be buried

If Pet is to be cremated, ashes are to be:

At the end of this Pet's life, the decision-maker for the Pet (check all that apply):

Should aggressively attempt surgeries and treatments to keep the Pet alive in an attempt to improve health.

Should not prolong the Pet's life if he or she is in pain, the expected benefits of treatment are outweighed by the risks, the anticipated quality of life is poor and is not expected to improve.

The following treatments should NOT be tried, even if failure to try them may hasten the Pet's death:

Chemotherapy

Blood Transfusion

Resuscitation

OWNER(S) SIGNATURE(S)

Name: _____ **Date:** _____

Print Name: _____

Name: _____ **Date:** _____

Print Name: _____

