

EMERGENCY PLAN FOR MY ANIMALS

This plan outlines my wishes for the care of my animals should I become incapacitated or pass away
The individuals listed as care givers here are aware of my wishes and have agreed to assist

NAME:..... PHONE(S):.....

ADDRESS:..... EMAIL:.....

EMERGENCY CONTACTS

NEXT OF KIN:

PHONE:..... EMAIL:.....

VETERINARIAN:

PHONE:..... EMAIL:.....

PETS OWNED BY ME

NUMBER OF DOG(S)..... NUMBER OF CAT(S).....

OTHER ANIMALS:.....

DOG/ CAT /OTHER MICROCHIP#.....

PET NAME:.....

BREED OR TYPE:.....

AGE:..... GENDER..... NEUTERED: Y or N.....

Colour & or Special features:.....

Medications or special diet:.....

DOG/ CAT /OTHER MICROCHIP#.....

PET NAME:.....

BREED OR TYPE:.....

AGE:..... GENDER..... NEUTERED: Y or N.....

Colour & or Special features:.....

Medications or special diet:.....

DOG/ CAT /OTHER MICROCHIP#.....

PET NAME:.....

BREED OR TYPE:.....

AGE:..... GENDER..... NEUTERED: Y or N.....

Colour & or Special features:.....

Medications or special diet:.....

DOG/ CAT /OTHER MICROCHIP#.....

PET NAME:.....

BREED OR TYPE:.....

AGE:..... GENDER..... NEUTERED: Y or N.....

Colour & or Special features:.....

Medications or special diet:.....

FOSTER CARERS

1ST CHOICE FOR FOSTER OR REHOME CHECK IF CO-OWNER

NAME:.....

ADDRESS:.....

PHONE..... EMAIL.....

1ST CHOICE FOR FOSTER OR REHOME CHECK IF CO-OWNER

NAME:.....

ADDRESS:.....

PHONE..... EMAIL.....

1ST CHOICE FOR FOSTER OR REHOME CHECK IF CO-OWNER

NAME:.....

ADDRESS:.....

PHONE..... EMAIL.....

SPECIAL NEEDS OR NOTES

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CHECK HERE IF ADDITIONAL ANIMALS
ARE LISTED ON PAGE 2 through ____.

Animals listed on all pages are covered by this order.

I declare that these are my wishes for the care of my animals.

All parties listed are aware and willing to assist.

Printed Name.....

Signature.....

Date.....