

ADVANCE DIRECTIVE FOR PET CARE

In the event of my death, or incapacitation , I wish for the following plan to be undertaken for the care and safety of my:

Dogs:

Cats:

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

I wish for my pet(s) to be:

_____ a) Placed with family or friends, as listed below:
initials

_____	_____	_____
Name	Phone #	Relationship
_____	_____	_____
Name	Phone #	Relationship
_____	_____	_____
Name	Phone #	Relationship

(Each person named has a copy of this document)

_____ b) Placed in an appropriate home by _____ Rescue
initials (A copy of this document is on file with _____ Rescue)

_____ c) Surrendered to the SPCA/Local Pound/Humane Society to
initials be placed as able.

_____ d) Euthanized, cremated, buried/remains disposed of with me,
initials as mine.

_____ Veterinarian to whom my pet(s) are known for care:

_____ DVM () _____ - _____

_____ Address City State Zip

has a copy of this document and has my pet(s) medical records.

Signed _____ Date _____

Owner of Record

WITNESS

WITNESS