

Companion Animal Care Plan

My name:

My email address:

My address:

My phone number:

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In the event of my death, hospitalization, incarceration or some other life crisis, the following person has agreed to take possession of and care for my pets. This person is aware of my Companion Animal Care Plan and has been provided with a copy of the Plan.

Name:

Email address:

Address:

Phone number:

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Details about my pets (species, name, age, gender, what they eat, how often they eat, any known health issues, sterilization status, microchip status, crate trained, etc.). Use extra sheets of paper if necessary.

Pet Number 1:

Pet Number 2:

Pet Number 3:

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Information about my veterinarian (name, address, contact phone number):

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Additional information about my pets which is important for their care not provided above (kinds of toys they like or don't like, types of beds they prefer, their ordinary sleep schedules, how they get along with dogs, cats and children, etc.)

Signature:

Date: