

# Your Personal Pet Plan Workbook

## TELL US ABOUT YOU:

(Please be sure to include a photo of you ~ driver license is preferred)

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

H. Phone ( ) \_\_\_\_\_ C. Phone ( ) \_\_\_\_\_ W. Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ Spouse or House Mate \_\_\_\_\_

Email \_\_\_\_\_ C. Phone ( ) \_\_\_\_\_

W. Phone ( ) \_\_\_\_\_

Does your pet have a co-owner?  Yes  No Name of co-owned pet \_\_\_\_\_

Co-owner's Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

### 1<sup>st</sup> Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

### 2<sup>nd</sup> emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

**1<sup>st</sup> Key holder:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

**2<sup>nd</sup> Key holder:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

**1<sup>st</sup> Short term caretakers/fosters**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

**2<sup>nd</sup> Short term caretaker/foster:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

**1<sup>st</sup> Lawyer/Trustee**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

**2<sup>nd</sup> Lawyer/Trustee**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

**Other Important Contacts:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

**PRIMARY VETERINARIAN OR EMERGENCY CARE FACILITY:**

Name of Veterinarian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

## TELL US ABOUT YOUR PET:

You will need to fill out one of these sheets for each of your pets.  
(Please be sure to include a photo of your pet)

Pet's Name \_\_\_\_\_  Male  Female  
D.O.B. \_\_\_\_\_ Spayed or neutered?  Yes  No  indoor  outdoor  
Type  Cat  Dog  Bird  Horse  
Other \_\_\_\_\_ Breed \_\_\_\_\_

### PLEASE INDICATE IF YOUR PET HAS ANY OF THE FOLLOWING IDENTIFICATION

Microchip ID (Brand) \_\_\_\_\_  
ID Number \_\_\_\_\_  
License (city or county) \_\_\_\_\_  
Tag Number \_\_\_\_\_  
Tattoo and/or Identification Marks \_\_\_\_\_

## TELL US ABOUT YOUR PLAN FOR YOUR PET:

I want this pet to be placed in an Adoption Program Yes \_\_\_\_\_ No \_\_\_\_\_

### 1) I bequeath this pet to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

I have notified the bequeathed owner of my wishes Yes \_\_\_\_\_ No \_\_\_\_\_

2) If first bequeathed owner is not able to take my pet I want to bequeath this pet to:

Name: \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

I have notified the bequeathed owner of my wishes Yes \_\_\_\_\_ No \_\_\_\_\_

3) In the event that my bequeathed owner(s) is not able to accept or care for my pet I want my pet to be placed

4) in an Adoption Program . Yes \_\_\_\_\_ No \_\_\_\_\_ Program name \_\_\_\_\_

5) Indicate how you will provide funds for the care of your pet: ( i.e: Trust, bank account, life insurance policy)

\_\_\_\_\_  
\_\_\_\_\_

Additional notes for my individualized plan for this pet is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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