

## **Pet Plan**

### **Southern West Virginia Animal League**

Southern West Virginia Animal League is a private, pending nonprofit animal rescue organization and does not receive any tax dollars from the city or any government agency. SWVAL wishes to provide a way for you to document how your pet is to be cared in the event you are no longer the caregiver. Please complete these forms and return them to SWVAL as well as to potential future caregivers.

#### **Why do I need a Pet Plan?**

A Pet Plan helps guarantee that your pet continues to receive the same quality of care it is accustomed to should you no longer be the caregiver. By providing an outline, future caregivers will best understand how to meet your pet's needs. Formal arrangements are the best way to specifically instruct the care you desire and expect for your pet. Do not rely on a verbal commitment.

#### **How do I select a caregiver?**

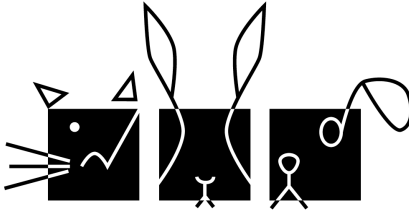
Consider family members and friends who have met your pet and who have been successful pet owners themselves. Consider also others you have had successful personal and professional experience with such as pet sitters, dog walkers, pet boarders and staff members at your veterinarians office. Research rescues for quality of service. Discuss your plans with those you have selected and be certain to list alternate caregivers in case your first choice is not available. Be clear about your expectations. Your caregiver should be aware that in the event you are no longer able to care for your pet, they will become immediately responsible for the basic needs, vet care and final decisions for the pet. Carefully select only trusted individuals who will serve the best interests of your pet. Communicate with those you have chose regularly and update your Pet Plan accordingly should their circumstances change. In the event your caregiver does not live local in proximity to you, arrange for reliable temporary care until the pets can be transferred to the caregiver.

#### **What if I have multiple pets?**

Make a copy of this for each pet. If pets are not bonded, consider multiple caregivers. If you have bonded pets and own your own home, you may consider consulting legal services about the possibility of setting up a trust for your pets to be cared for in your home.

In the event this Pet Plan must be put into effect, SWVAL will assist in contacting the necessary parties.

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Southern West Virginia  
**ANIMAL LEAGUE**

<http://www.swval.org>  
[swvanimalleague@gmail.com](mailto:swvanimalleague@gmail.com)

PET OWNER INFORMATION

<b>Name</b>	_____	<b>Employer</b>	_____
<b>Address</b>	_____	<b>Address</b>	_____
<b>Phone</b>	_____	<b>Phone</b>	_____

PRIMARY CAREGIVER

<b>Name</b>	_____	<b>Employer</b>	_____
<b>Address</b>	_____	<b>Address</b>	_____
<b>Phone</b>	_____	<b>Phone</b>	_____

This caregiver has agreed to care for my pet should anything happen to me. \_\_\_\_\_

How long will this care giver care for your pet? \_\_\_\_\_

ALTERNATE CAREGIVER

<b>Name</b>	_____	<b>Employer</b>	_____
<b>Address</b>	_____	<b>Address</b>	_____
<b>Phone</b>	_____	<b>Phone</b>	_____

This caregiver has agreed to care for my pet should anything happen to me. \_\_\_\_\_

How long will this care giver care for your pet? \_\_\_\_\_

TEMPORARY CAREGIVER

In the event the designated caregivers above are temporarily unavailable, the following organization/individual will provide temporary care for my pet/pets.

<b>Name</b>	_____	<b>Daily Cost</b>	_____
<b>Address</b>	_____	<b>Notes</b>	_____
	_____		_____
<b>Phone</b>	_____	<b>Phone</b>	_____

ALTERNATE TEMPORARY CAREGIVER

In the event the designated caregivers above are temporarily unavailable, the following organization/individual will provide temporary care for my pet/pets.

<b>Name</b>	_____	<b>Daily Cost</b>	_____
<b>Address</b>	_____	<b>Notes</b>	_____
	_____		_____
<b>Phone</b>	_____	<b>Phone</b>	_____

EMERGENCY CONTACT

These individuals may not be able to provide permanent care for your pet, but should be temporarily able to assist in the event of an emergency.

<b>Name</b>	_____	<b>Employer</b>	_____
<b>Address</b>	_____	<b>Address</b>	_____
	_____		_____
<b>Phone</b>	_____	<b>Phone</b>	_____

ALTERNATE EMERGENCY CONTACT

These individuals may not be able to provide permanent care for your pet, but should be temporarily able to assist in the event of an emergency.

<b>Name</b>	_____	<b>Employer</b>	_____
<b>Address</b>	_____	<b>Address</b>	_____
	_____		_____
<b>Phone</b>	_____	<b>Phone</b>	_____

VETERINARIAN CONTACT

Please provide your veterinarian with a copy of these arrangements, so they know who to contact in the event of an emergency.

**Facility** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

**Veterinarian** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

#### ALTERNATE VETERINARIAN CONTACT

Please provide your veterinarian with a copy of these arrangements, so they know who to contact in the event of an emergency.

**Facility** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

**Veterinarian** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

#### PRIMARY TRUSTEE CONTACT

Trustees are responsible for administering funds you have set aside to care for your pets. Trustees provide funding to caregivers for your pets expenses as per your directive. Should you desire a trustee, it is recommended that you seek legal counseling in order to make arrangements. Trustees and caregivers should not be the same individuals.

**Facility** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

**Allotment** \_\_\_\_\_  
**Directive** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

#### ALTERNATE TRUSTEE CONTACT

Trustees are responsible for administering funds you have set aside to care for your pets. Trustees provide funding to caregivers for your pets expenses as per your directive. Should you desire a trustee, it is recommended that you seek legal counseling in order to make arrangements. Trustees and caregivers should not be the same individuals.

**Facility** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

**Allotment** \_\_\_\_\_  
**Directive** \_\_\_\_\_  
\_\_\_\_\_  
**Phone** \_\_\_\_\_

#### TRUST FUND INFORMATION

For the benefit of the trustee, please indicate how you plan to provide funds to finance the care of your pet. It is recommended that you work in conjunction with an attorney and a financial planner to appropriately fund your trust so that the designated Trustee is able to access funds.

Bank Account  Will  Life Insurance  Other

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### REMAINING PET TRUST FUNDS

Should my pet die while in the care of the designated caregiver, I would like the remaining funds distributed as follows: (Percentages should total 100%.)

<b>Beneficiary1</b>	_____	<b>Percentage</b>	_____
<b>Address</b>	_____	<b>Directive</b>	_____
	_____		_____
<b>Phone</b>	_____	<b>Phone</b>	_____
	_____		_____
<b>Beneficiary2</b>	_____	<b>Percentage</b>	_____
<b>Address</b>	_____	<b>Directive</b>	_____
	_____		_____
<b>Phone</b>	_____	<b>Phone</b>	_____
	_____		_____
<b>Beneficiary3</b>	_____	<b>Percentage</b>	_____
<b>Address</b>	_____	<b>Directive</b>	_____
	_____		_____
<b>Phone</b>	_____	<b>Phone</b>	_____
	_____		_____
<b>Beneficiary4</b>	_____	<b>Percentage</b>	_____
<b>Address</b>	_____	<b>Directive</b>	_____
	_____		_____
<b>Phone</b>	_____	<b>Phone</b>	_____
	_____		_____
<b>Beneficiary5</b>	_____	<b>Percentage</b>	_____
<b>Address</b>	_____	<b>Directive</b>	_____
	_____		_____
<b>Phone</b>	_____	<b>Phone</b>	_____
	_____		_____

### PET INFORMATION

Please make a copy of these pages 6- 9 for each pet.

Name of Pet \_\_\_\_\_

Approximate Age \_\_\_\_\_

Breed/Mix \_\_\_\_\_

City/County/Both \_\_\_\_\_

License #'s \_\_\_\_\_

Color/s \_\_\_\_\_

Microchip/Tattoo ID #/Brand \_\_\_\_\_

Weight/Size \_\_\_\_\_

Type: \_\_\_\_\_ Check one:  Male  Female  Neutered Male  Spayed Female

Vaccination History \_\_\_\_\_

Deworming History/Brand \_\_\_\_\_

Preventative History/Brand \_\_\_\_\_

Allergies \_\_\_\_\_

Special Care Instructions \_\_\_\_\_

- Where did you obtain this pet and how long ago?

\_\_\_\_\_

- Who is your pet's current veterinarian? Provide name and contact information:

\_\_\_\_\_

- Where is your pet's current medical history located?

\_\_\_\_\_

- What have you been feeding your pet on a regular basis?

\_\_\_\_\_

- Special Diet Requirements?

\_\_\_\_\_

- How much food per day? (EX. 1 cup/2x Daily)

\_\_\_\_\_

- Feeding times?

\_\_\_\_\_

- **Medications and supplement – List dosage and frequency:**

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- **If there are additional medical instructions, where are they located?**

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- **How would you describe your pet's behavior around other people? (Check all that apply.)**

Friendly \_\_\_\_\_ Unfriendly \_\_\_\_\_ Tolerant \_\_\_\_\_ Aggressive \_\_\_\_\_ Quiet \_\_\_\_\_ Scared \_\_\_\_\_

Good with Children \_\_\_\_\_ Food Aggression With People \_\_\_\_\_

Notes -

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- **How would you describe your pets behavior around other animals? (Check all that apply.)**

Good with Cats \_\_\_\_\_ Good With Dogs \_\_\_\_\_ No Experience with Cats \_\_\_\_\_

No Experience With Dogs \_\_\_\_\_ Scared \_\_\_\_\_ Food Aggression With Animals \_\_\_\_\_ Aggressive \_\_\_\_\_

Notes -

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- **Behavioral Habits? (Ex. – Fearful of loud noises)**

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- **Where does your pet live?**

Inside \_\_\_\_\_ Outside \_\_\_\_\_ Both (Explain.) \_\_\_\_\_

- **Has your pet ever seriously bitten or scratched anyone?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how many times? \_\_\_\_\_

Explain:

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- **Which of the following commands does your pet know? (Check all that apply?)**

Sit \_\_\_\_\_ Heel \_\_\_\_\_ Kennel \_\_\_\_\_ Stay \_\_\_\_\_ Lay \_\_\_\_\_ No \_\_\_\_\_ Come \_\_\_\_\_ Fetch \_\_\_\_\_

Other

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- **Is your pet? (Check all that apply.)**

Crate Trained \_\_\_ Lead Trained \_\_\_ House Trained \_\_\_ Fence Trained \_\_\_ Litter Trained \_\_\_

- **Where does your pet sleep?**

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- **Is your pet allowed on the furniture?**

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- **Is your pet allowed in all rooms of the home?**

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- **Is your pet allowed outside?**

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- **Please note your pets favorite toys and games:**

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- **Location of emergency pet supplies? (Ex. Collar/leash)**

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- **What else should we know about your pet?**

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**PET INSURANCE INFORMATION**

These individuals may not be able to provide permanent care for your pet, but should be temporarily able to assist in the event of an emergency.

**Provider** \_\_\_\_\_

**Cost Yr.** \_\_\_\_\_

**Address** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Agent** \_\_\_\_\_

**IN THE EVENT OF SERIOUS ILLNESS/INJURY:**

**Allow my designated veterinarian to make the decision.**

**Allow my caregiver to make the decision.**

**Allow my emergency contact to consult with the caregiver and veterinarian to make the decision.**

**Other** \_\_\_\_\_

**IN THE EVENT OF DEATH OF THE PET:**

**Burial**



- Cremation
- Pet Cemetery
- Special Instructions \_\_\_\_\_

Amount allocated to care for remains: \_\_\_\_\_

**I understand that: (Please initial each statement.)**

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\_\_\_\_\_

I acknowledge that all information given on this document is true to the best of my knowledge.

\_\_\_\_\_

\* \_\_\_\_\_  
Signature of Pet Owner

Date \_\_\_\_\_

\* \_\_\_\_\_  
Signature of Witness (if needed)

Date \_\_\_\_\_

**SWVAL takes your privacy seriously. This form asks you to provide SWVAL with certain personal information. Such information is being requested and will be utilized by SWVAL for the specific and limited purpose of future SWVAL correspondence regarding the subject-matter of this form. The personal information noted by an asterisk (\*) on this form will be kept confidential. Unless you expressly indicate to us otherwise or unless compelled by a court order, it will not be shared with other agencies, businesses or individuals.**