

## Pet Estate Planning Form

This form contains information and instructions for the care of my pets. It is not a legally binding document and is intended solely to help in the continued care of my pets upon my passing.

Pet Owner's Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Location where pet information including vet records and county licenses are kept:

\_\_\_\_\_

### Contacts:

Name of New Owner/Rescue: \_\_\_\_\_ Phone: \_\_\_\_\_

New Owner's Address: \_\_\_\_\_

New Owner's Email: \_\_\_\_\_

Executor of Will: \_\_\_\_\_ Executor's Phone: \_\_\_\_\_

Executor's Address: \_\_\_\_\_

Executor's Email: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Boarding Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Pet Sitter: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Doggie Daycare: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Groomer: \_\_\_\_\_ Phone: \_\_\_\_\_

Groomer's Address: \_\_\_\_\_

Pet Insurance Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

**Descriptions of Pets**

**Pet 1**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed/Neutered (Y/N): \_\_\_\_\_

Housetrained(Y/N): \_\_\_\_\_ Crate Trained(Y/N): \_\_\_\_\_ Microchip #: \_\_\_\_\_

Brand of Food: \_\_\_\_\_ Feeding Times and Amounts: \_\_\_\_\_

Favorite Treat(s): \_\_\_\_\_ Allergies: \_\_\_\_\_

Grooming Schedule: \_\_\_\_\_

Medications: \_\_\_\_\_

Flea Prevention: \_\_\_\_\_ Dose Due: \_\_\_\_\_

Heartworm Preventative: \_\_\_\_\_ Dose Due: \_\_\_\_\_

Diseases/Injuries/Surgeries: \_\_\_\_\_

Pet's temperament: \_\_\_\_\_

Commands Pet Knows: \_\_\_\_\_

Any history of aggression? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

**Pet 2**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed/Neutered(Y/N): \_\_\_\_\_

Housetrained(Y/N): \_\_\_\_\_ Crate Trained(Y/N): \_\_\_\_\_ Microchip#: \_\_\_\_\_

Brand of Food: \_\_\_\_\_ Feeding Times and Amounts: \_\_\_\_\_

Favorite Treat(s): \_\_\_\_\_ Allergies: \_\_\_\_\_

Grooming Schedule: \_\_\_\_\_

Medications: \_\_\_\_\_

Flea Prevention: \_\_\_\_\_ Dose Due: \_\_\_\_\_

Heartworm Preventative: \_\_\_\_\_ Dose Due: \_\_\_\_\_

Diseases/Injuries/Surgeries: \_\_\_\_\_

Pet's temperament: \_\_\_\_\_

Commands Pet Knows: \_\_\_\_\_

Any history of aggression? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

**Pet 3**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed/Neutered(Y/N): \_\_\_\_\_

Housetrained(Y/N): \_\_\_\_\_ Crate Trained(Y/N): \_\_\_\_\_ Microchip#: \_\_\_\_\_

Brand of Food: \_\_\_\_\_ Feeding Times and Amounts: \_\_\_\_\_

Favorite Treat(s): \_\_\_\_\_ Allergies: \_\_\_\_\_

Grooming Schedule: \_\_\_\_\_

Medications: \_\_\_\_\_

Flea Prevention: \_\_\_\_\_ Dose Due: \_\_\_\_\_

Heartworm Preventative: \_\_\_\_\_ Dose Due: \_\_\_\_\_

Diseases/Injuries/Surgeries: \_\_\_\_\_

Pet's temperament: \_\_\_\_\_

Commands Pet Knows: \_\_\_\_\_

Any history of aggression? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

**For Additional Pets, print our Pet Information Forms and include with this form.**

**Any Other Pertinent Information**

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**Funds for Pet Care**

I would like to leave the following amount, \$ \_\_\_\_\_, to contribute to the care of my pets.  
Please contact \_\_\_\_\_ phone: \_\_\_\_\_ for the funds.

If pet(s) dies before funds are used, I'd like the remaining funds to be:

Check One:

- \_\_\_\_\_ Given as a Donation to \_\_\_\_\_.
- \_\_\_\_\_ Kept in Estate and Used for Something Else
- \_\_\_\_\_ Other, please describe: \_\_\_\_\_

\_\_\_\_\_  
Pet Owner's Signature

\_\_\_\_\_  
Date