Caregiver Designation

_____

Pet name(s)

Dear Pet owner, the purpose of this registry is to record your choice of designated caregiver for your beloved pet should you become incapacitated or no longer able to care for your sick pet or should you predecease your pet.

This is not a substitute for a testamentary trust or other legal instrument for your pet. Please consult a lawyer in your state if you are contemplating a testamentary trust or other legal instrument for your pet and to designate a caregiver for your pet in your last will and testament. Each state has different requirements and formalities must be followed.

These documents preserves your directives in writing. It lets you inform all interested parties of your desires and intentions are for your pets. Please furnish your lawyer with a copy of Form One to be attached to your last will and testament and be incorporated by reference in your will as if fully rewritten therein.

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These documents have three priorities:

1) the well-being of your pet;
2) to honor and memorialize your choice of caregiver;
3) to facilitate the smoothest easiest rehoming for the safety and wellbeing of your pet.

To that end, this provides three simple forms that you complete and “deposit” with appropriate people for safekeeping.

Form one is to designate your caregiver and alternate caregivers and vest them with ownership rights.

Form two is a pet bio which is essential to the designated caregiver for optimal continuity of care.

Form three lists your contacts.

Who should have a copy of Form one?

1. Your vet
2. A family member
3. Your Executor
4. Your lawyer
5. Your breeder

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Form One:

Following my death or disabling illness or age or any other causes which render me no longer able to adequately care for this/these pets, as determined either by court determination or by written opinion of my treating physician, I, as sole owner of this/these pets, hereby appoint and nominate

_____

Legal name of person you chose as caregiver

_____

Address

_____

E-mail

_____

Phone number/numbers

_____

as caregiver (“Caregiver”) of my Pet(s).

My designated Caregiver has agreed to and shall assume all responsibilities to provide care, make all decisions regarding the location where my Pet(s) shall live, the diet, exercise, training and veterinary care of my Pet(s).

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Optionally, if _____ cannot act, or chooses not to act as the Caregiver, then I appoint:

_____

Legal name of person you chose as alternate caregiver

_____

Address

_____

E-mail

_____

Phone number/numbers

_____

as an Alternate Caregiver with all the authority and responsibility of the Caregiver.

In the event the above-named Caregivers are unable or unwilling to serve, then the Alternate Caregiver shall be made the responsible party.

My designated Caregivers or Alternate Caregivers are given full and complete control and authority regarding veterinary care and treatment of my Pets. All personal information about my Pet(s) and special instructions regarding their care is listed on the attached Form B.

My Caregivers have full authority to euthanize my Pet(s) only after first determining from a licensed veterinarian that the injury or disease of my Pet(s) will impair the quality of life of my Pet(s), including but not limited to sustained, severe, life-threatening and terminal injuries, terminal illness, aged condition or temperament. I release, hold harmless and indemnify my Caregivers harmless from any action or claim against my Caregivers based on my Caregivers' decision regarding veterinary care and treatment made as provided in this paragraph.

I do [ ] do not want [ ]
my Pet(s) used for medical research or educational purposes during life or following death.

Sign_____

_____ _____
Print your name Date

Witness_____ _____
Date

_____

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Form B

My pet is_____ pet name/s

Gender_____ Neutered y/n_____

DOB_____

Breed_____

State license& number_____

Microchip _____

Identifying Marks_____

Is your pet one of a bonded pair? [Y] or [N]. If yes, please make sure both pets are named in this caregiver registry, and list their names here:

1)_____

2)_____

Please provide a short concise guide to your pet's likes, dislikes, quirks, habits, routines, special or ordinary needs, triggers, fears, specific words you use for praise, correction, commands etc. You want to include information that helps your pet's rehoming to be a seamless transition.

[For example: Jackson is a fresh laundry stealing dog who is affectionate and loving. He is very afraid of hair dryers and vacuum cleaners. His trigger words are: ride, walk, bye bye, dinner. His response is to howl with excitement. He is friendly to other dogs but fears cats. He needs his pillow to sleep and he will de-stuff his toys,

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but will continue to play with them even unstuffed. He loves cuddles and will seek quiet times for one-on-one cuddles.]

Please provide a short description of your dog's diet and what his favorite treats are.

Please list any and all medical conditions your dog is being treated for

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Please list any and all medications your dog takes and what the schedule and routine is for administering said medications.

Anything else you feel is important to know about your pet?

Form C CONTACTS

Designated Caregiver
name_____
address_____
phone number_____
Email_____

Designated alternate caregiver#1
name_____
address_____
phone number_____
Email_____

Designated alternate caregiver#2
name_____
address_____
phone number_____
Email_____

Executor of your Last Will and Testament
name_____
address_____
phone number_____
Email_____

Your Lawyer
name_____
address_____
phone number_____
Email_____

Trusted family member
name_____
address_____
phone number_____
Email_____

Trusted Friend/ advisor/ neighbor
name_____
address_____
phone number_____
Email_____

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Anyone else you wish to include?
name_____
address_____
phone number_____
Email_____

name_____
address_____
phone number_____
Email_____

name_____
address_____
phone number_____
Email_____

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