

ADVANCE DIRECTIVE FOR PET CARE

In the event of my death, or incapacitation, I wish for the following plan to be undertaken for the care and safety of my:

Name/Age/Color/Type	Name/Age/Color/Type
Name/Age/Color/Type	Name/Age/Color/Type
Name/Age/Color/Type	Name/Age/Color/Type

I wish for my pet(s) to be:

_____ A) Placed with family or friends, as listed below:

Name, Address, Phone #, Relationship

Name, Address, Phone #, Relationship

Name, Address, Phone #, Relationship
(Each person named has received a copy of this document.)

_____ B) Placed in an appropriate home by _____ Rescue
(A copy of this document is on file with _____ Rescue.)

_____ C) Surrendered to the SPCA/Local Pound/Humane Society

_____ D) Euthanized, Cremated, Buried, remains disposed of with me

Veterinarian to whom my pet(s) are known for care:
_____ DVM (_____) - _____

Address, City, State, Zip
(Dr. _____ has a copy of this document with my pet(s) medical records.)

Signed _____ Date _____
Owner of Record

WITNESS

WITNESS