

Emergency Pet Guardianship Documentation

Client's name: _____

Name of pet/s: _____

Emergency Pet Guardianship

In the unlikely event that you are unable to return and assume care of your pet/s, please list the name of the person(s) **[Insert your business name here]** should contact to take over the care of your pet(s) until final pet guardianship is determined by arrangements made in your will or other legal documents.

Please be sure that you have notified the person(s) below that you have listed them as your emergency pet guardianship contact and that **[Insert your business name here]** has been given their contact information.

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Relationship to you: _____

Pet owner's signature

Date