

Emergency Pet Guardianship Documentation

Client Information

Client's Name: _____

Mailing Address: _____

Contact Phone Number: _____

Name of Pet(s): _____

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) we 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 we have been given your information.

Emergency Pet Guardianship Contact

Name: _____

Mailing Address: _____

Contact Phone Number: _____

Relationship to you: _____

Alternate Emergency Pet Guardianship Contact

The individual below will be contacted if your primary contact listed above cannot be reached.

Name: _____

Mailing Address: _____

Contact Phone Number: _____

Relationship to you: _____

Please note any additional instructions we should be aware of in the event emergency pet guardianship is needed for your pet(s):

Client's Name (printed): _____

Client's Signature: _____

Date: _____