Emergency Pet Guardianship Documentation



Client's name	e:_
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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) 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 their contact information.

Name:	
Address:	
Home phone:	Cell phone:
Relationship to you:	

Pet owner's signature



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Date