

Planning Beyond the Will

Pets



Pets & Guardian Information

1. Pet's name:

Birthday:

Type of pet/breed:

Pet license, including state and locality:

Microchip: Yes No

If yes, provide info:

Location of pet records:

Favorite activities:

Favorite toys:

Health/Dietary Needs

Current Medications:

Name of preferred food:

Detail amount and times of day to feed:

List any food allergies:

List favorite treats:

Special instructions:

2. Pet's name:

Birthday:

Type of pet/breed:

Pet license, including state and locality:

Microchip: Yes No

If yes, provide info:

Location of pet records:

Favorite activities:

Favorite toys:

Health/Dietary Needs

Current Medications:

Name of preferred food:

Detail amount and times of day to feed:

List any food allergies:

List favorite treats:

Special instructions:

3. Pet's name:

Birthday:

Type of pet/breed:

Pet license, including state and locality:

Microchip: Yes No

If yes, provide info:

Location of pet records:

Favorite activities:

Favorite toys:

Health/Dietary Needs

Current Medications:

Name of preferred food:

Detail amount and times of day to feed:

List any food allergies:

List favorite treats:

Special instructions:

4. Pet's name:

Birthday:

Type of pet/breed:

Pet license, including state and locality:

Microchip: Yes No

If yes, provide info:

Location of pet records:

Favorite activities:

Favorite toys:

Health/Dietary Needs

Current Medications:

Name of preferred food:

Detail amount and times of day to feed:

List any food allergies:

List favorite treats:

Special instructions:

Pet Guardian (person you'd like to take care of your pet(s) if you were not able to)

Guardian name:

Contact number:

Alternate number:

Any specific instructions you would like to note:

Veterinarian / Medical / Insurance Information

Vet

Vet's name:

Office name:

Contact number:

Anything else to note:

Pet Insurance

Insurance provider:

ID number:

Account login:

Password:

Payment information (including method, frequency, and amount):

Medical Records

Location of medical records (including any vaccination information):

Financial & Legal Arrangements

Do you have a pet trust?

Yes

No

If yes, complete the following.

Name of Trust:

Trustees:

Location of trust:

Financial institution:

Any specific details to note:

Do you have a Power of Attorney (POA) for your pet(s)?

Yes

No

If yes, complete the following.

Name of POA:

Contact number:

Location of POA paperwork:

Additional information regarding POA:

Are there special provisions in your Will regarding your pet(s)?

Yes

No

If yes, provide details and location of your Will: