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PET INFORMATION WORKSHEET

Dear Pet Caregiver:

Thank you for your willingness to provide a loving home to my pet. I am providing information to assist you with the care and treatment of my beloved pet.

1. Pet Owner(s) Name: _____

2a. Pet Information

Pet's Name _____ **Sex** (Male/Female) _____ **DOB** (Month/Year) _____

Type (*Indoor Cat, Outdoor Cat, Dog, Bird, or Horse*) _____

Breed (dogs: if no specific breed, please indicate *small, medium, large, or giant*) _____

I.D. Marks (includes microchips, tattoos, unique coloring and scars) _____

Medical History (any specific information relative to the pet's health history) _____

Special Needs (any specific requirements such as a permanent medical condition or special exercise routine) _____

Behavioral Habits ("protective", "fear of loud noises" or anything unique about behavior) _____

 Where is your pet's medical history located? _____

Do you maintain additional instructions for this pet? Yes No

If yes, where? _____

What brand of food do you feed this pet? _____

Approximately how much food per day? (for example, 3 cups twice per day) _____

When are typical feeding times? _____

Medications and supplements _____

Approximately how much do you typically spend yearly for veterinary costs? \$ _____

Approximately how much do you spend each month for food? \$ _____

Approximately how much do you spend each month for medications? \$ _____

Approximately how much do you allocate yearly for bedding, toys, grooming, supplies? \$ _____

How much do you wish to allocate for pet health related emergencies per year? \$ _____

2b. Pet Health Insurance Information

Do you currently own a pet insurance policy? _____ Yes _____ No

If yes, please provide the following information:

Name of Provider _____ Phone _____

Policy Number for Pet _____ Cost per year \$ _____

2c. In Case of Death

Should this pet die, how do you want the remains care for?

- Burial
- Cremation
- Local Pet Cemetery
- Best Friends Animal Society Angels Rest
- Caregiver can determine

I would like to allocate \$ _____ for the cost of caring for my pet's remains.

You may want to include an allowance for any special markers, urns or caskets in this amount.

3. Veterinarian Information

Primary Veterinarian (required) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Emergency Phone _____ Cell Phone _____

Alternative Veterinarian or Emergency Care Facility _____

Address _____ City _____ State _____ Zip _____

4. In Case of Serious Illness

Should your pets become seriously ill, please select one of the following options:

- My veterinarian should make the recommendation when my pets should be euthanized.
- My caregiver should make the decision when my pets should be euthanized.
- My emergency contacts should consult the caregiver and veterinarian to make this decision.

5. Caregiver Information

Carefully select a minimum of two caregivers who agree to be responsible for your pets should anything happen to you. If you have designated one or more caregivers in your will than the name set forth herein should match. Caregivers will be responsible for the day-to-day care of your pets. Caregivers should fully understand the obligation and requirements for this role. Your choice of caregivers should take into consideration the potential lifespan of your pets.

Primary Caregiver (required) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Alternative Caregiver #1 (required) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Alternative Caregiver #2 _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Best Friends Animal Society will locate a “backup” caregiver should the above caregivers be unable to care for your pets. This service will require that appropriate funds be available in addition to a \$200.00 processing fee should the service be required. This service also requires that you have listed a minimum of two caregivers.

6. Pet Sitters and Boarding Facilities (optional)

Should your designated caregiver go on vacation or be temporarily unavailable to care for you pets, who do you want to take care of them?

Primary Pet Sitter or Boarding Facility _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Average Daily Charge \$ _____

Alternate Pet Sitter or Boarding Facility _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Average Daily Charge \$ _____

7. Emergency Contact Information (optional)

Emergency contacts might include friends and family members who may not necessarily take care of your pets but would be able to assist in case of an emergency. Emergency contacts should be different than designated caregivers listed in Section 5.

Contact #1 _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Contact #2 _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Contact #3 _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____