



**Pet Peace of Mind®**

Keeping Pets & People Together  
Through Life's Transitions

# Planning for Your Pet's Future



## COMPLETE YOUR COPY OF MY PET PLACEMENT PLAN

Most pet owners worry what will happen to their pets if something should happen to them. You can take control and make a detailed plan for your pet's future. A significant percentage of owner relinquishments to shelters are due to illness or death of a pet parent. You can prevent your pet from facing an uncertain future by making a plan to ensure your pet(s) will continue to have the loving home and great care they deserve should something unexpected happen to you.

Completing My Pet Placement Plan provides a specific roadmap of your wishes. If you have more than one pet, be sure to fill out a plan for each one.

When you have completed the Power of Attorney on page 4, you and your Pet Care Guardian should sign the document in front of a notary for extra protection.

# First Steps

The first step is to identify a Pet Care Guardian to act on your behalf in managing the affairs of your pet's future. You must have a candid conversation with this person about your needs and be sure that your appointee understands your wishes and is willing to follow the instructions outlined in this document.

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact Information: \_\_\_\_\_

## About My Pet's Daily Routine

Food: \_\_\_\_\_

Brand: \_\_\_\_\_

Feeding Schedule: \_\_\_\_\_

Treats: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Potty Times: \_\_\_\_\_

Exercise Needs: \_\_\_\_\_

\_\_\_\_\_

My Pet Likes: \_\_\_\_\_

\_\_\_\_\_

My Pet Dislikes: \_\_\_\_\_

\_\_\_\_\_

Other information about my pet: \_\_\_\_\_

\_\_\_\_\_

# About My Pet's Health

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Altered: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Pet Insurance Carrier and Policy Number: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Birthday: \_\_\_\_\_

Vaccine History:

Rabies: \_\_\_\_\_

Bordetella: \_\_\_\_\_

DHPPV: \_\_\_\_\_

FRVCP: \_\_\_\_\_

Medications or Medical Treatment: \_\_\_\_\_

Known Health Issues: \_\_\_\_\_

# My Authorized Pet Care Guardian

If I am unable to attend to my pet's needs, either permanently or temporarily,

Name of Pet Care Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

is authorized to care for my pet and make the following decisions for my pet. In the event they are unable to fulfill this obligation,

Name of Secondary Pet Care Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

is authorized to care for my pet and make the following decisions for my pet:

- Medical services, tests, medicines or surgery. This care or service is to identify a health problem and how it can be treated.
- Maintaining life or securing medical aid in dying.
- Admission to an animal clinic or other facility as needed to maintain health.
- Hire or fire an animal care practitioner.
- Authorize any medication or procedure needed to manage pain.

Specific limitations on temporary care: \_\_\_\_\_

Specific limitations on permanent care: \_\_\_\_\_

I have directed the personal representative of my estate and any other Powers of Attorney connected to managing my affairs that up to \_\_\_\_\_ per month should be directed to the Pet Care Guardian for the exclusive use of caring for my pet.

Personal representative of my estate: \_\_\_\_\_

Power of Attorney Information: \_\_\_\_\_

In the event that permanent relocation is needed, my Pet Care Guardian agrees to keep or locate permanent placement for my pet and will not euthanize my pet under any circumstances unless medically necessary.

MY SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MY PET CARE GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# What to do after you and your Pet Care Guardian(s) sign My Pet Placement Plan:

1. Be sure your document was signed in front of a notary.
2. Make any financial arrangements with your bank or financial planner. If needed, share a copy of this document.
3. Talk with your family members and others who care about your pet about the information you've included in this document. If appropriate, share a copy of this document.
4. Provide a copy to your veterinarian.
5. Provide a copy to your personal representative.
6. Provide a copy to any other Powers of Attorney involved with your estate.

## About Pet Peace of Mind

Pet Peace of Mind is a national program that enables hospice patients to keep their pets at home throughout their end-of-life journey. The program works through local hospice partners to provide volunteer services at no cost to patients. Pet Peace of Mind volunteers are specially trained to provide in-home pet care assistance when the patients need help caring for a pet and to help find a loving new home when necessary. With this kind and compassionate support, patients no longer have to worry about their pet's current or future needs.



To support our work or to discuss making a bequest,

email [christybork@petpeaceofmind.org](mailto:christybork@petpeaceofmind.org) or visit: <https://www.petpeaceofmind.org>

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