

CONTINUAL CARE PROVISIONS

Please take time to think about what would happen to your precious pet(s) if you become seriously ill or die unexpectedly. Please discuss your wishes with your next of kin and leave written instructions so others know your wishes. You may want to make your wishes official and include them in your Will.

Will your immediate family automatically continue to keep your pet(s) ?
Will someone look after it(them) the way you would want ?

If you are not sure:

- have you made some provisions with other family members or a friend to look after your animal(s) immediately upon your illness or demise ? put them in boarding ?
- have you set aside a sum of money in your Will to pay for the cost of looking after your pet(s) for food, veterinary care, grooming and boarding during your illness or demise?
- do you want your pet(s) re-adopted to a new home ?

CAT FORM

Information for your care giver/s:

Date: _____

CAT:		TEMPORARY CAREGIVER:	
Name:		Name:	
Description:		Address:	
Age:	Male/Female:	Tel:	Cel:
Vet Records at:			
Phone No.			

My cat is fed: Once a day _____ Twice a day _____ Approx. time/s _____

Food my cat likes: _____
(brand name of food)

Litter my cat likes: _____

My cat is: Indoor only _____ Can go outdoors _____

My cat sleeps: In his basket _____ On the bed _____ Other: _____

Any special medical problem: _____

My next of kin is: _____ Phone No. _____

My Lawyer is: _____ Phone No. _____

For suggestions to find your pet a new home,
please visit our web site at:

www.pacificanimal.org

NAME AND SIGNATURE OF PET OWNER

PACIFIC ANIMAL FOUNDATION
(P.A.F.)
Registered Charity # 87302 1752 RR0001

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DOG FORM

Information for your care giver/s:

Date: _____

DOG:		TEMPORARY CAREGIVER:	
Name:		Name:	
Description:		Address:	
Age:	Male/Female:	Tel:	Fax:
Vet Records at:			

My dog is fed: Once a day _____ Twice a day _____ Approx. time/s _____

Food my dog likes: _____
(branch name of food)

My dog needs to go outside to pee/poop: (how many times per day): _____

My dog needs to be walked: Once a day _____ Twice a day _____

Any special medical problem: _____

My next of kin is: _____ Phone No. _____

My Lawyer is: _____ Phone No. _____

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