

# EMERGENCY PLAN FOR MY ANIMALS

This plan outlines my wished for the care of my animals should I become incapacitated or pass away  
The individuals listed as care givers here are aware of my wishes and have agreed to assist

NAME:..... PHONE(S).....

ADDRESS:..... EMAIL:.....

## EMERGENCY CONTACTS

NEXT OF KIN:

PHONE:

EMAIL:

VETERINARIAN:

PHONE:

EMAIL:

## PETS OWNED BY ME

NUMBER OF DOG(S)..... NUMBER OF CAT (S).....

OTHER ANIMALS:.....

DOG/ CAT /OTHER MICROCHIP#.....

PET NAME:.....

BREED OR TYPE:.....

AGE:..... GENDER..... NEUTERED: Y or N.....

Colour & or Special features:.....

Medications or special diet:.....

DOG/ CAT /OTHER MICROCHIP#.....

PET NAME:.....

BREED OR TYPE:.....

AGE:..... GENDER..... NEUTERED: Y or N.....

Colour & or Special features:.....

Medications or special diet:.....

DOG/ CAT /OTHER MICROCHIP#.....

PET NAME:.....

BREED OR TYPE:.....

AGE:..... GENDER..... NEUTERED: Y or N.....

Colour & or Special features:.....

Medications or special diet:.....

DOG/ CAT /OTHER MICROCHIP#.....

PET NAME:.....

BREED OR TYPE:.....

AGE:..... GENDER..... NEUTERED: Y or N.....

Colour & or Special features:.....

Medications or special diet:.....

## FOSTER CARERS

1ST CHOICE FOR FOSTER OR REHOME  CHECK IF CO-OWNER

NAME:.....

ADDRESS:.....

PHONE..... EMAIL.....

2nd CHOICE FOR FOSTER OR REHOME  CHECK IF CO-OWNER

NAME:.....

ADDRESS:.....

PHONE..... EMAIL.....

3rd CHOICE FOR FOSTER OR REHOME  CHECK IF CO-OWNER

NAME:.....

ADDRESS:.....

PHONE..... EMAIL.....

## SPECIAL NEEDS OR NOTES

---

---

---

---

---

---

---

---

CHECK HERE IF ADDITIONAL ANIMALS  
ARE LISTED ON PAGE 2 through \_\_\_\_.

Animals listed on all pages are covered by this order.

I declare that these are my wishes for the care of my animals.

All parties listed are aware and willing to assist.

Printed Name.....

Signature.....

Date.....