

PET GUARDIAN FORM

Name of Pet Owner: _____ Date Completed: _____

I have a will: _____yes _____no

If yes, My Executor is: _____ Phone number: _____

The location where vaccine and health records are located: _____

Name of Veterinarian: _____ Phone number: _____

Address: _____ Email: _____

I have a pre-paid "Pet Trust Account" at Amici Cannis Animal Hospital: _____yes _____no

EMERGENCY CAREGIVER INFORMATION

Name of Emergency Caregiver: _____ Phone number: _____

Address: _____ Email address: _____

PERMANENT CAREGIVER INFORMATION

Name of Permanent Caregiver: _____ Phone number: _____

Address: _____ Email address: _____

DESCRIPTION OF FIRST PET:

Name: _____ Species: _____ Breed: _____

Color: _____ Age: _____ Gender: _____

Distinctive markings: _____

Brand of Food: _____ Quantity of food morning: _____ Evening: _____

Food Allergies: _____ Medications: _____

Weight: _____ Housetrained: _____yes _____no Crate trained: _____yes _____no

Diseases & Injuries: _____

Behavioral Issues: _____

DESCRIPTION OF SECOND PET:

Name: _____ Species: _____ Breed: _____ Color: _____ Age: _____

Distinctive markings: _____

Brand of Food: _____ Quantity of food morning: _____ Evening: _____

Food Allergies: _____ Medications: _____

Weight: _____ Housetrained: _____yes _____no Crate trained: _____yes _____no

Diseases & Injuries: _____

Behavioral Issues: _____

DESCRIPTION OF THIRD PET:

Name: _____ Species: _____ Breed: _____ Color: _____ Age: _____

Distinctive markings: _____

Brand of Food: _____ Quantity of food morning: _____ Evening: _____

Food Allergies: _____ Medications: _____

Weight: _____ Housetrained: _____yes _____no Crate trained: _____yes _____no

Diseases & Injuries: _____

Behavioral Issues: _____

DESCRIPTION OF FOURTH PET:

Name: _____ Species: _____ Breed: _____ Color: _____ Age: _____

Distinctive markings: _____

Brand of Food: _____ Quantity of food morning: _____ Evening: _____

Food Allergies: _____ Medications: _____

Weight: _____ Housetrained: _____yes _____no Crate trained: _____yes _____no

Diseases & Injuries: _____

Behavioral Issues: _____

Other Behavioral or Health Issues of my pet are noted below:

Medical Decisions Regarding my Pet:

Check only 1 of the 3 choices

____ I want my pets to receive all medical treatments available to treat any disease, illness or injury they have, including but not limited to, chemotherapy, radiation, acupuncture, massage therapy, dialysis, etc.

____ I want my Pet Guardian to use his or her discretion and best judgment in determining the type of veterinary care, medications and medical treatments my pets should receive, taking into consideration the amount of suffering my pets will endure, the likelihood such care, medication or treatment will improve my pet's longevity and quality of life, and the recommendation of the treating veterinarian.

____ I want my Pet Guardian to ensure my pets receive routine veterinary examinations, medications, pain relievers, vaccinations, preventative medications, steroid treatments, antibiotics, and surgeries as recommended by the treating veterinarian. However, I do not want my pets subjected to chemotherapy, radiation, acupuncture, massage therapy, dialysis or similar types of treatment that could put my pets through unnecessary pain and suffering that may outweigh the benefits. My Pet Guardian should follow the recommendations of the treating veterinarian to ensure my pet is comfortable and does not experience unnecessary pain. If my pet is experiencing a significant amount of pain that cannot be relieved with medications, my Pet Guardian should use his or her discretion and best judgment in decided whether to have my pet euthanized.