



Providing for Your Pet's Future

You've always met your pet's needs for shelter, food and water, medical care and love. This information sheet will help you plan for your beloved pet if you can no longer provide care.

Pet Information:

Pet's Name: _____ Sex (Male/Female): _____

Date of Birth: _____ Type (Cat, Dog, Bird): _____

Breed: _____

Veterinarian Name: _____ Address _____ Phone _____

City _____ State _____ Zip _____

Identifying Marks (microchip, tattoo, unique coloring, scars, etc.):

Medical History (any specific information about the pet's medical history that is unusual):

Special Needs (any special dietary requirements, exercise routines, or medical care):

Behavioral Habits (anything unique about your pet's behavior):

Where is your pet's medical history located? _____

What brand & type of food do you feed this pet? _____

Medications and supplements for this pet:

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

- Burial
- Cremation
- Local Pet Cemetery (name) _____
- 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).

Caregiver Information

Please list a minimum of two caregivers who have agreed to be responsible for your pets should anything happen to you. Caregivers will be responsible for the day-to-day care of your pets.

Primary Caregiver _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____ E-mail _____

Alternate Caregiver #1 _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____ E-mail _____

Alternate Caregiver #2 _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____ E-mail _____

- I want Wayside Waifs to arrange for the care of my pets.

Pet Sitters and Boarding Facilities

Should your caregiver go on vacation or be temporarily unavailable to care for your 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 \$ _____

Emergency Contact Information: 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 caregivers listed above.

Contact #1 _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ E-mail _____

Contact #2 _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ E-mail _____

Contact #3 _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ E-mail _____

Please attach a photo of your pet:

