KERRVILLE Pets Alive!

Make your Peta part of your Plan

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: _____

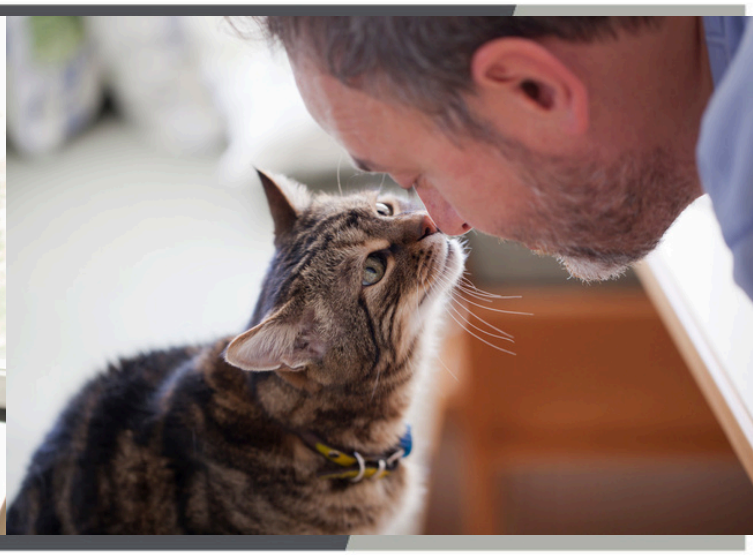
Altered: _____

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 Kerrville Pets Alive!

Kerrville Pets Alive! is an all-volunteer, 501c3 nonprofit organization.
Our mission is to Save Kerr County Pets from Euthanasia. We do this by assisting Kerr County Animal Services and Kerr County Pet Owners in need with medical funding, free services and resources to keep pets home, healthy and out of the shelter.
We host free vaccine clinics, low-cost vaccine clinics and educational, animal welfare programs.

Please consider supporting our work and educational speaker series by making a tax-deductible donation through our website: kerrvillepetsalive.org, by mail, 317 Sidney Baker, S., Ste. 400, PMB 345, Kerrville, Texas, 78028. Delivery may be arranged by emailing info@kerrvillepetsalive.org.

To support our work or to discuss making a bequest,

Email: info@kerrvillepetsalive.org or visit kerrvillepetsalive.org

KERRVILLE Pets Alive!

Notary Acknowledgment

A notary public completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached.

State of _____

County of _____

On _____ , 20 _____ , _____
name of pet owner

personally appeared before me, _____
name of notary

and proved to me on the basis of satisfactory evidence to be the person whose name is the legal pet owner described within the My Authorized Pet Care Guardian document.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

Print Name _____

This certificate is attached to My Authorized Pet Care Guardian document,

signed and dated _____ , 20 _____.