Your Personal Pet Plan Workbook

TELL US ABOUT YOU:

(Please be sure to include a photo of you ~ driver license is preferred)

Name		DOB
Address	City	State Zip
H. Phone () C. Phone ()	W. Phone ()
Email	Spouse or House Mate _	
Email	C. Phone ()	
W. Phone ()	_	
Does your pet have a co-owner?	Name of co-owned pet _	
Co-owner's Name(s)		Email
AddressCity	/	StateZip
Home Phone ()	Cell Phone ()
Work Phone ()		
1 st Emergency Contact:		
Name:	Relationship:	
Address: Apt # S	Street:	
City:	Zip:	
Home phone: ()	_ Cell phone: ()
2 nd emergency contact:		
Name:	Relationship:	
Address: Apt # S	Street:	
City:	Zip:	
Home phone: () (Cell phone: ()	

This form is provided courtesy of Covenant Pet Trust Inc. Donations to help us continue our lifesaving work are greatly appreciated. For more information visit us at covenantpettrust.org This form is not a binding agreement between Covenant Pet Trust Inc. and the person filling out this form. This form is intended to be a draft to assist in the personal planning for pets in the event the pet outlives their owner. If planning is done in cooperation with Covenant Pet Trust a legally binding contract will be signed by a representative of Covenant Pet Trust Inc. and the legal owner of the pet that planning is intended for.

1 st Key holder:	
Name:	
Address: Apt #	Street:
City:	Zip:
Home phone: ()	Cell phone: ()
2 nd Key holder:	
Name:	
	Street:
City:	Zip:
Home phone: ()	Cell phone: ()
1 st Short term caretakers/fosters Name:	
	Street:
City:	Zip:
Home phone: ()	Cell phone: ()
2 nd Short term caretaker/foster:	
Name:	
Address: Apt #	Street:
City:	Zip:
Home phone: ()	Cell phone: ()

1st Lawyer/Trustee Address: _____ Apt # ____ Street: _____ City: _____ Zip: _____ Home phone: () _____ Cell phone: ()____ 2nd Lawyer/Trustee Name: _____ Address: _____ Apt # ____ Street: _____ City: _____ Zip: _____ Home phone: () _____ Cell phone: ()_____ **Other Important Contacts:** Name: _____ Relationship_____ Address: _____ Apt # ____ Street: _____ City: _____ Zip: _____ Home phone: () ______ Cell phone: ()_____ Name: _____ Relationship ____ Address: _____ Apt # ____ Street: ____ City: _____ Zip: Home phone: () ______ Cell phone: ()_____ PRIMARY VETERINARIAN OR EMERGENCY CARE FACILITY: Name of Veterinarian _____ Phone () _____ Address _____ City ___ State _____

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3

TELL US ABOUT YOUR PET:

You will need to fill out one of these sheets for each of your pets. (Please be sure to include a photo of your pet)

Pet's Name	Male Female		
D.O.B Spayed or neutered?	☐ No ☐ indoor ☐ outdoor		
Type Cat Dog Bird Horse			
Other Brown	eed		
PLEASE INDICATE IF YOUR PET HAS ANY OF THE FOLLOWING ID	ENTIFICATION		
Microchip ID (Brand)			
ID Number			
License (city or county)			
Tag Number			
Tattoo and/or Identification Marks			
TELL US ABOUT YOUR PLAN FOR YOU	OUR PET:		
I want this pet to be placed in an Adoption Program Yes	No		
1) I bequeath this pet to:			
Name:			
Address: Apt # Street:			
City:	Zip:		
Home phone: () Cell phone: ()			
I have notified the bequeathed owner of my wishes Yes	No		

4

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Name:	LastLast
Addres	ss: Apt # Street:
City: _	Zip:
Home	phone: () Cell phone: ()
I have	notified the bequeathed owner of my wishes Yes No
3)	In the event that my bequeathed owner(s) is not able to accept or care for my pet I want my pet to be placed
4)	in an Adoption Program . Yes No Program name
5)	Indicate how you will provide funds for the care of your pet: (i.e: Trust, bank account, life insurance policy)
۸dditi	onal notes for my individualized plan for this pet is as follows:
Additio	onal notes for my mulvidualized plan for this pet is as follows.