

3. Pets and Livestock

List your pets and livestock (e.g., horse, goat) and describe the care they would need while you are incapacitated. Under "Notes" state, for example, where pets would be likely to hide, whether they might be aggressive to a stranger, where the horse or other large animal is boarded, special medication needs, or other information that would help others care for the animal.

Today's Date:

Pet Name (1): _____ Male Female

Type of Animal: _____

Age: _____ This animal is neutered/spayed

Shots: Rabies Distemper Feline Leukemia

Veterinarian: _____

Address/Phone: _____

Wishes for Care: _____

Notes:

Pet Name (2): _____ Male Female

Type of Animal: _____

Age: _____ This animal is neutered/spayed

Shots: Rabies Distemper Feline Leukemia

Veterinarian: _____

Address/Phone: _____

Wishes for Care: _____

Notes:

Pet Name (3): _____ Male Female

Type of Animal: _____

Age: _____ This animal is neutered/spayed

Shots: Rabies Distemper Feline Leukemia

Veterinarian: _____

Address/Phone: _____

Wishes for Care: _____

Notes:

3. Pets and Livestock (continued)

List your pets and livestock (eg, horse) and describe the care they would need while you are incapacitated. Under "Notes" state, for example, where pets would be likely to hide, whether they might be aggressive to a stranger, where the horse or other large animal is boarded, special medication needs, or other information that would help others care for the animal.

Today's Date:

Pet Name (4): _____ Male Female

Type of Animal: _____

Age: _____ This animal is neutered/spayed

Shots: Rabies Distemper Feline Leukemia

Veterinarian: _____

Address/Phone: _____

Wishes for Care: _____

Notes:

Pet Name (5): _____ Male Female

Type of Animal: _____

Age: _____ This animal is neutered/spayed

Shots: Rabies Distemper Feline Leukemia

Veterinarian: _____

Address/Phone: _____

Wishes for Care: _____

Notes:

Pet Name (6): _____ Male Female

Type of Animal: _____

Age: _____ This animal is neutered/spayed

Shots: Rabies Distemper Feline Leukemia

Veterinarian: _____

Address/Phone: _____

Wishes for Care: _____

Notes: