



Advance Health and Final Care Directive for Pets

In the event of my death, or incapacity to act, I would like for the following plan for the care and safety of my pets to be implemented.

Pet's Name	Age	Gender

I would like for my pet(s) to be:

- Placed in an appropriate home by this recognized animal rescue organization:

- A copy of this document is on file with this organization.
- Surrendered to the SPCA/Local Pound/Humane Society to be placed as able.
- A copy of this document is on file with this organization.
- Euthanized, cremated, buried/remains disposed of with me, as mine.
- Placed with family or friends, as listed below.
- Each person named has a copy of this document.

Name	Address	Phone Number	Relationship

Veterinarian Information

Name		Phone
Address		
City	State	Zip
<input type="checkbox"/> Our veterinarian has a copy of this document and has my pet(s) medical records.		

(Pet Owner Signature)

(Witness Signature)

(DD/MM/YYYY)

(DD/MM/YYYY)