

Companion Animal Care Agreement

Owner Information:

Name: _____

Mailing Address: _____

City, State, Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email Address: _____

Pet Information

Name: _____ Breed: _____ Age: _____ Sex: _____

Color: _____ Markings: _____

Is pet registered? Y or N If yes, registry name: _____

Is the pet micro-chipped? Y or N If yes, microchip #: _____

Was your pet adopted from a shelter? Y or N If yes, What shelter? _____

Abilities & Training

Would you trust this pet to be handled and cared for by a small child? _____

What training does this pet have? _____

Has this pet ever hurt a person or other animal? _____

Does this pet prefer toys or treats as a reward? _____

Does this pet get along with other animals? _____

How often is the pet exercised? _____

How would you describe the energy level of the pet? _____

How is the pet with loud noises? (fireworks, thunderstorms, etc.) _____

Is there somewhere on your pet they do not like being touched? _____

How is the pet with getting their nails trimmed? _____

Housing Information

In what kind of housing situation is the pet used to (cage, tie-out, etc.)? _____

In what kind of fencing is the pet used to? (Wood, chain link, electric, etc.)

What type of feed and how much is the pet currently being fed? _____

Is there anything else you can tell us about the pet that will enable the best care possible?

What items will accompany the pet?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Primary Caregiver Contact Information:

Name: _____

Mailing Address: _____

City, State, Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email Address: _____

Alternate Caregiver Contact Information:

Name: _____

Mailing Address: _____

City, State, Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email Address: _____

Power of Attorney Contact Information:

Name: _____

Mailing Address: _____

City, State, Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Email Address: _____

Pet Health Information

Does pet have any current or previous behavioral problems? _____ Describe: _____

Does pet have any current or previous health problems? _____ Describe: _____

Is pet on any current medications/Supplements? _____ Describe: _____

Does the pet have any special needs? _____ Describe: _____

Veterinarian Name: _____ Phone: _____

Address: _____

Does your pet like the Vet? _____

On a scale from 1-9 (1 being severely malnourished and 9 being obese) where is your pet at? _____

Flea/Tick Treatment History:

Date	Product	Date	Product	Date	Product	Date	Product

Vaccine History:

Disease	Dates											
Rabies												
West Nile												

Deworming History:

Date	Product	Date	Product	Date	Product	Date	Product

Date of Fecal Exam									
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Dental History:

Date	Procedure	Date	Procedure

Grooming History:

Date	Procedure	Date	Procedure	Date	Procedure	Date	Procedure	Date	Procedure

Medical History:

Date	Symptoms/ Diagnosis/ Treatment

*****Please provide at least one good photo of your pet!*****

I/We, _____, the pet owner(s) of the companion animal listed and described on page 1 created this agreement effective the _____ of _____, 20____ to insure the care of the animal listed in the event that I/we are unable to provide proper care due to disability, temporary or long term hospitalization, or in case of death. The animal listed above is a very loved companion that I/we want to ensure with this agreement continues to get the best care if I/we are unable to provide that care for how ever short or long that might be.

Primary Caregiver, _____, will provide proper care and make all medical decisions required for my companion animal in the time I/we are unable to.

If the Primary Caregiver is unable to provide the care the Alternate Caregiver, _____, will provide the care needed in this agreement.

In the event neither Caregivers are able to provide the care my/our companion animal requires, then the Power of Attorney is to contact _____(Rescue/Shelter) and relinquish ownership to the rescue/shelter. I/We have an account with \$ _____ to be donated to the (Rescue/Shelter) that takes the companion animal.

The Power of Attorney is required to ensure Primary Caregiver, Alternate Caregiver or Rescue/Shelter still meets the criteria provided below.

Primary Caregiver, Alternate Caregiver, or Rescue/Shelter is given full control and authority regarding veterinary care and treatment of Companion Animal. If a licensed veterinarian determines my/our Companion Animal develops life-threatening/ terminal injury or illness that will impair the Companion Animals quality of life the caregiver at that time has the authority to have a licensed veterinarian euthanize the Companion Animal.

Signature (owner)

Date

Signature (Primary Caregiver)

Date

Signature (Alternate Caregiver)

Date

Signature (Power of Attorney)

Date