

## PET PROTECTION AGREEMENT QUESTIONNAIRE

Most people consider their pets to be a part of the family and wish to make sure that the pets are well cared for after they die or become unable to properly care for them.

A Pet Protection Agreement makes it very easy to ensure that your current and future pets are cared for by someone you trust and choose. It can literally save the lives of your pets in a time of uncertainty. The essence of the Pet Protection Agreement is the assurance and peace of mind it offers that your beloved pets will always receive a standard of care that is the same as what you yourself would provide.

1) Who is the Pet Owner?

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

2) What is your address?

\_\_\_\_\_  
\_\_\_\_\_

3) What are your telephone numbers?

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

4) What is your email address? \_\_\_\_\_

5) Are you currently of sound mind and free of mental illness? Yes \_\_\_\_ No \_\_\_\_

6) Are you 18 years of age or older? Yes \_\_\_\_ No \_\_\_\_

7) Are you physically able to sign this document on your own power? Yes \_\_\_\_ No \_\_\_\_

8) Who will be the Pet Guardian? (The Pet Protection Agreement covers all of your current and future pets. If you are unable to care for your pets, the Pet Guardian will become responsible for their continuing care. If you want a different person to take care of certain pets, you will need to make a separate Pet Protection Agreement for those other pets)

Name of Pet Guardian: \_\_\_\_\_

Street Address of Pet Guardian: \_\_\_\_\_  
\_\_\_\_\_

Phone number of Pet Guardian: \_\_\_\_\_

Alternate phone number of Pet Guardian: \_\_\_\_\_

Email address of Pet Guardian: \_\_\_\_\_

9) Who will be the Successor Pet Guardian? (The person or organization that will become Pet Guardian if the first Pet Guardian is unable or unwilling to fill or continue that role)

Name of Successor Pet Guardian: \_\_\_\_\_

Street address: \_\_\_\_\_

\_\_\_\_\_  
Phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

- 10) Organization of last resort (If neither of the Pet Guardians are able or willing to care for the pets in their home or if there is no acting Pet Guardian, then you can request that your pets be delivered to a shelter, sanctuary or rescue)

Name of shelter or organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

- 11) Please provide the following information for each pet that will be covered by this Pet protection Agreement:

Pet's Name: \_\_\_\_\_

Type of animal: \_\_\_\_\_

Gender: \_\_\_\_\_

Spayed or neutered? \_\_\_\_\_

Primary Breed (If a mix, please tell us the mix): \_\_\_\_\_

What color(s) is/are your pet? \_\_\_\_\_

Describe the markings or unique physical characteristics of your pet: \_\_\_\_\_  
\_\_\_\_\_

Does pet have a microchip? \_\_\_\_\_

Does pet have a tattoo? \_\_\_\_\_

Pet's size (Small 1-18 lbs., Medium 19-45 lbs., Large 46-70 lbs., Extra Large over 70 lbs.)  
\_\_\_\_\_

Please describe your pet's personality and any likes or dislikes. Also, please describe any care instructions for your pet: \_\_\_\_\_  
\_\_\_\_\_

- 12) Are you setting aside or leaving any funds to cover the cost of care for your pets? Yes \_\_\_\_\_

No \_\_\_\_\_

If so, what is the total amount of funds you would like to set aside or leave for the care of the pets covered by this agreement? If you want to compensate the Pet Guardian for his or her time and effort, please include that amount in the total. You will be able to specify the exact compensation amount later: \_\_\_\_\_

Where will the funds come from (e.g., bank account, life insurance policy, CD, etc.)? \_\_\_\_\_

- 13) Do you wish to name a different person than the Pet Guardian to act as the Distribution Representative to handle, invest and distribute the funds to your Pet Guardian? Yes \_\_\_\_\_

No \_\_\_\_\_

If so, what is the name of the Distribution Representative? \_\_\_\_\_

What is the address of the Distribution Representative? \_\_\_\_\_

\_\_\_\_\_

14) Do you wish to allow the Pet Guardian (or Distribution Representative) to access the funds you set aside to take care of your pets in the event that you are unable to access the funds yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

15) Do you wish to compensate the Pet Guardian (or Distribution Representative)? Yes \_\_\_\_\_

No \_\_\_\_\_

If so, what amount would you like to compensate the Pet Guardian and how often (e.g., annually, monthly, etc.)? \_\_\_\_\_

16) If there are funds left over after your pets have passed away, who should receive those funds? \_\_\_\_\_

17) Who is the pet's veterinarian?

Doctor's Name: \_\_\_\_\_

Animal Hospital's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

18) Please provide the names, addresses and phone numbers of all the people or entities who provide care for your pets named in this agreement such as boarding, grooming, walking, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19) Do you support euthanasia for your pets if events warrant? Yes \_\_\_\_\_ No \_\_\_\_\_

20) Do you wish to have your pets buried or cremated?

\_\_\_ Buried \_\_\_ Cremated

If you have any specific instructions regarding your pet's final resting place or memorial service, please provide them here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_