



Animal Care Trust USA
Keeping loved **PETS** in loving homes

Forever Loved Pet Profile™

Congratulations on your decision to plan for your loved pet. Help your Pet Caregiver provide the best possible care to your loved pet, both in the event of your disability or at death, by providing as many details as possible below. Use additional pages, if desired.

Please complete one Forever Loved Pet Profile™ per pet along with a photo or photos. Update annually.

Date: _____

Your name _____
Address _____
City, State, Zip _____
Home phone _____ Cell phone _____
Email _____

My Pet

Name: _____

Type of animal: _____

Sex: Male _____ Female _____ Has your pet been spayed or neutered? Yes ___ No _____

Birthdate or approximate age: _____

Normal weight: _____

Things you should know about my pet and/or the breed: _____

Please indicate if your pet has the following identification:

Microchip ID _____

Tattoo Description _____

DNA Storage _____

Unique marks or identifying characteristics _____

Who should provide short term care for your pet in the event of your disability?

Pet Caregiver's name _____

Address _____

City, State, Zip _____

Home phone _____ Work phone _____

Email _____

Who should provide short term care for your pet in the event of your death?

Pet Caregiver's name _____

Address _____

City, State, Zip _____

Home phone _____ Work phone _____

Email _____



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Behavioral Information

Does your pet have any preferences, dislikes, fears or habits? _____

Please note any verbal and nonverbal commands your pet responds to as well as any body language it uses to communicate:

Come____ Sit____ Stay____ Down____ Other: _____

If you and your pet have your own obedience language, please describe: _____

Please list your pet's daily routine – walking , sleeping, playing, eliminating: _____

Is your pet allowed outside? _____

Where does your pet sleep? _____

What access does your pet have to your home and furniture? _____

Does your pet like children? _____

Does your pet like other animals? _____

Has your pet ever bitten a person or attacked another animal? _____

If your pet has any favorite games, toys or possessions, please note what and where they are: _____

Anything else important to know? _____



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Health Information

Please provide a health history of your pet: _____

Attach recent veterinary records.

Recurring health problems, if any: _____

What is the prognosis? _____

Current medications or supplements, if any: _____

Type of flea/heartworm preventative, if any: _____

Special diet needs: _____

Allergies to foods, medications, fleas, flea control products, etc.: _____

Special care instructions: _____

Pet's veterinarian: _____
Clinic Name: _____ Phone: _____
Address: _____
City, State, Zip: _____ Email: _____



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What extraordinary measures would you take for your pet in the event of a serious or life threatening illness (x-rays, blood work, invasive diagnostic procedures, surgery, chemotherapy, radiation, blood transfusions, organ transplants, MRI)? _____

Under what circumstances would you want your pet euthanized (pet is in pain, limited chance of survival, expense of treatment, quality of life)? _____

Upon the death of your pet, how do you want your pet cared for?

Buried? _____ Cremated? _____

What are the details? _____

Additional Pages Attached? _____