

What Your Spouse Should Know if *Something* Happens to You

PET FACT SHEET Continued

Dietary

Not Recommended _____

Current Diet _____

Amount and Schedule _____

Additional Treats _____

Favorite Toys _____

Normal Activities

Morning _____

Afternoon _____

Evening _____

Pet Trust

Name of Trust _____

Name of Trustee(s) _____ Phone _____

Name of Trustee(s) _____ Phone _____

Designated Caregiver _____ Phone _____

Notes _____
