

## IN CASE OF ACCIDENT

In the event that I, \_\_\_\_\_, am incapacitated due to an automobile accident or other catastrophe, I want to make my wishes known regarding my dog, \_\_\_\_\_ (name). Therefore, please honor the following requests:

1. My \_\_\_\_\_ (relationship & name/s) is/are to be contacted as soon as possible at the following telephone number(s): Home \_\_\_\_\_; Cell \_\_\_\_\_. If he [she, they] cannot be reached, please contact my \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_. All expenses for the dog will be guaranteed by any of them.

2. If \_\_\_\_\_ is not injured, please make arrangements for him [her] to be cared for by the nearest reputable boarding kennel and kept in the best possible manner until arrangements can be made to get him home.

3. If \_\_\_\_\_ is injured, please make arrangements for him [her] to be cared for by the nearest reputable veterinarian. I would prefer that \_\_\_\_\_ (insert name of regular vet) be contacted at \_\_\_\_\_ [regular & emergency phone number] regarding decisions about his [her] care and treatment. If \_\_\_\_\_ is injured beyond all hope of recovery, my \_\_\_\_\_, (relationship & name) listed above, will make arrangements to have him [her] humanely euthanized by the nearest reputable veterinarian.

4. A photograph of \_\_\_\_\_ is attached, as well as a list of his [her] most recent vaccination records. \_\_\_\_\_ is a \_\_\_\_\_ (name of breed), born \_\_\_\_\_. He [she] is \_\_\_\_\_ (coloring), \_\_\_\_\_" tall to the withers, weighs approximately \_\_\_\_\_ pounds and is in excellent [good, average, poor] health.

5. \_\_\_\_\_ has the following identification and registrations:

Tattoo located on \_\_\_\_\_, Tattoo number \_\_\_\_\_, registered with \_\_\_\_\_; phone \_\_\_\_\_.

Microchip, Serial number \_\_\_\_\_, registered with \_\_\_\_\_; phone \_\_\_\_\_.

20 \_\_\_ rabies vaccination, License No., \_\_\_\_\_ State \_\_\_\_\_ County, \_\_\_\_\_.

Thank you for your cooperation and assistance in this time of need. My dog's welfare is my primary consideration. \_\_\_\_\_

(Print name above and sign here)

\_\_\_\_\_ Dated: \_\_\_\_\_

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