



Are you needing to travel and your pet(s) are with friends or family?

Inside, list your pet's information, medical history and medication, as well as any information you feel the pet sitter or an emergency veterinarian may need to know.

We suggest you fill out the entire Guide to Planning Ahead in the unlikely event that something may arise while you are away and your pet sitter is forced to make decisions that they are ill equipped to handle.

The guide will help them successfully cope with any unforeseen emergencies while still following your wishes.



**250.984.1933**  
**Toll free 1.800.653.6710**

**[www.petmemorialcenter.ca](http://www.petmemorialcenter.ca)**

My Pet's Information

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

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Colour \_\_\_\_\_

Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Allergies

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

Medication (including dose and frequency)

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

Special Instructions

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

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to act in my place concerning all aspects of my pet, \_\_\_\_\_, in regards to his / her health and well-being should an emergency arise and I am unavailable.

I further authorize \_\_\_\_\_ to spend up to \$ \_\_\_\_\_ for medical diagnostics or emergency treatment without the need to contact me should the situation be time sensitive and my pet is suffering.

If it is decided by my veterinarian that the suffering is too great for my pet to endure or there is no way they will survive until I am able to give permission, I authorize \_\_\_\_\_ to oversee the humane euthanasia of \_\_\_\_\_ and the remains to be handled as documented by this guide.

*At Time Of Crisis*

At times of emotional crisis, names and details often slip our minds. Below is a list of names and numbers for you to fill out so that no one is missed or forgotten that will want to say good-bye to your companion or help support you through this time of need.

**Your Memorial Center/Pet Cemetery:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

**Friends/family who want to say good-bye:**

Name

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**Others to contact:**

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Phone Number

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