Lake Chapala End-of-Life Support Community

Emergency Information Form 3 - Pets and Livestock

List your pets and livestock (e.g., horse, goat) and describe the care they would need while you are incapacitated. Under "Notes" state, for example, where pets would be likely to hide, whether they might be aggressive to a stranger, where the horse or other large animal is boarded, special medication needs, or other information that would help others care for the animal.

Pet Name ______________ Type (dog, cat, etc. ______________ Breed ______________ Age _________

Shots ☐ Rabies ☐ Distemper ☐ Feline Leukemia Sex ☐ Male ☐ Female ☐ Spayed/Neutered

Veterinarian ________________________________ Phone ________________________

Address ____

Wishes for Care ____

Endowment $ _______ Notes ____

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Pet Name ______________ Type (dog, cat, etc. ______________ Breed ______________ Age _________

Shots ☐ Rabies ☐ Distemper ☐ Feline Leukemia Sex ☐ Male ☐ Female ☐ Spayed/Neutered

Veterinarian ________________________________ Phone ________________________

Address ____

Wishes for Care ____

Endowment $ _______ Notes ____

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Pet Name ______________ Type (dog, cat, etc. ______________ Breed ______________ Age _________

Shots ☐ Rabies ☐ Distemper ☐ Feline Leukemia Sex ☐ Male ☐ Female ☐ Spayed/Neutered

Veterinarian ________________________________ Phone ________________________

Address ____

Wishes for Care ____

Endowment $ _______ Notes ____

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Pet Name ______________ Type (dog, cat, etc. ______________ Breed ______________ Age _________

Shots ☐ Rabies ☐ Distemper ☐ Feline Leukemia Sex ☐ Male ☐ Female ☐ Spayed/Neutered

Veterinarian ________________________________ Phone ________________________

Address ____

Wishes for Care ____

Endowment $ _______ Notes ____

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Make copies of this form if you need to add more animals.