

# ADVANCED DIRECTIVE FOR PET CARE

In the event of my death or incapacitation, I wish for the following plan to be implemented for the care and safety of my pets:

I wish for my Golden Retriever(s):

Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to be placed with Love A Golden Rescue and request that Love A Golden Rescue find new permanent family homes for my Golden Retrievers.

If at the time of my death or incapacitation, Love A Golden Rescue is non-existent or otherwise unable to accept my Golden Retrievers. I instruct that my Golden Retrievers be placed with another non-kill Rescue for adoption by a new family.

Further I wish my other pets to be placed as indicated below:

Name of Pet

Plan for Pet's Placement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The veterinarian listed below has cared for my pets, has a copy of this document and has the medical records of my Pets. I hereby authorize my veterinarian to release the medical record of my pet to the person designated below:

\_\_\_\_\_ DVM Phone: \_\_\_\_\_

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

I hereby designate \_\_\_\_\_ to carry out my wishes in regard to the placement of my pets as indicated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_