

## 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 to dog's owner), \_\_\_\_\_ (name/s) is/are to be contacted as soon as possible at the following telephone number(s): Home B \_\_\_\_\_; Cell B \_\_\_\_\_. 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, please 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 neutered [intact] male [female] \_\_\_\_\_ (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 \_\_\_\_\_.  
200\_\_ rabies vaccination, License No., \_\_\_\_\_ County, \_\_\_\_\_.

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

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

\_\_\_\_\_  
(Sign above and print name here)

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

\_\_\_\_\_