

Pet Estate Planning Questionnaire

If you have a pet, please answer the following questions to the greatest extent possible. If you have more than one pet, please fill out one questionnaire per pet. Your answers are meant to help a caretaker decide how to care for your pet in the event of your death or incapacity. It could even be helpful to petsitters or others who are responsible for the short- or long-term care of your pet.

This is an informal pet estate planning document. If you would like to account for your pet(s) in your formal estate planning document(s) (wills, trusts, etc.), please consult with Beth Wolfsong and she will be happy to help you in this regard.

PREFERRED CARETAKERS

Please list three caretakers of this pet, in order of preference. Consider listing a no-kill animal shelter as a last-resort caretaker.

Caretaker #1

Name _____ Phone number _____

Address _____

Caretaker #2

Name _____ Phone number _____

Address _____

Caretaker #3

Name _____ Phone number _____

Address _____

IDENTIFICATION

What type of pet is this? (cat, dog) _____

Is this pet a purebred? Y___ N___ If so, what breed? _____

Pet's name: _____ Pet's age or approximate age: _____

Pet's sex: M___ F___ Is the pet spayed/neutered? Y___ N___

Is the pet declawed? Y___ N___ Does your pet have identification? Y___ N___

If yes, what type of identification does your pet have? _____
If your pet is microchipped, please list the microchip number _____

Please describe the appearance of this pet _____

HISTORY

How long have you owned this pet? _____

Including yours, how many homes has this pet had? _____

How did you acquire this pet? _____

Has your pet lived with other pets? Y___ N___

If so, please briefly describe the other pets and the interactions between the pets _____

Has your pet ever run away from home? Y___ N___

If yes, where was the pet found? _____

Has your pet ever harmed or killed another animal? Y___ N___

If yes, please describe _____

MEDICAL HISTORY

May the caretaker contact the pet's veterinarian regarding the pet's medical history?

Y___ N___

Please describe any diagnoses or ongoing medical issues that your pet has had _____

Who is the pet's regular veterinarian? Name _____

Address _____

Phone _____ Email _____

Who is the pet's emergency veterinarian? Name _____

Address _____

Phone _____ Email _____

Is the pet vaccinated? Y___ N___

Is the pet currently on any medication? Y___ N___ If so, describe _____

How often does your pet take the medication? _____

Has your pet ever had an adverse reaction to this medication? Y___ N___

If yes, please describe _____

Has your pet ever had surgery? Y___ N___

If yes, please describe _____

Does your pet have any allergies? Y___ N___

If so, please describe _____

Please describe the past issues that have required a veterinary visit _____

DIETARY AND HEALTH HABITS

What food does your pet eat (brand, type)? _____

How often is your pet fed? _____

What types of treats is your pet allowed? _____

How often is the pet allowed to eat treats? _____

Is the pet ever allowed to eat "people" food? Y___ N___

If so, please describe the type of food and how often the pet may eat it _____

Please describe your pet's exercise routine, if any _____

PERSONALITY

In 3 words, how would you describe this pet? _____

Does your pet know his/her name? Y___ N___

Does your pet come when called? Y___ N___

Is your pet trained? Y___ N___

Please list the commands to which your pet responds _____

What type of toys, if any, does your pet enjoy playing with? _____

Please describe your pet's play style in a sentence or two _____

Please describe things that frighten your pet in a sentence or two _____

Please describe things that make your pet aggressive in a sentence or two _____

Does your pet exhibit gender preference? Y, women___ Y, men___ N___

What type of people does your pet get along best with? _____

Does your pet get along with children? Y___ N___

Has the pet regularly been around children? Y___ N___

If so, what are the ages of the child(ren) that your pet has been around? _____

If you have concerns about your pet being around children, please describe them here

HOME LIFE

Where does your pet spend most of its time? _____

Is the pet allowed outside? Y___ N___

If yes, please explain any restrictions to when or where the pet is allowed outside _____

Does your pet enjoy hiding under things? Y___ N___

If so, describe your pet's favorite hiding spots _____

Where does your pet usually sleep? _____

Please describe things your pet is not allowed to do (scratch furniture, etc.) _____

If your pet misbehaves, how is (s)he disciplined? _____

HYGIENE HABITS

Do you clean your pet? Y___ N___ If yes, how often? _____

Please describe procedures for cleaning your pet _____

Does your pet go to a groomer? Y___ N___ If yes, how often? _____

If yes, which groomer? Name _____

Address _____

Phone number _____

Do you clip your pet's nails? Y___ N___ If yes, how often? _____

Where does your pet "use the bathroom"? _____

How often is your pet's "bathroom" cleaned? _____

If a litter box, what type of litter is used? _____

Has your pet ever had behavioral problems related to "bathroom" usage? If yes, please describe them, as well as how you dealt with them _____

Does your pet have a habit of vomiting? Y___ N___ If yes, how often? _____

OTHER

Please tell us anything else we should know about your pet _____

