



## Pet Guardianship Form

### A. Client Information

Client Name \_\_\_\_\_

Address \_\_\_\_\_

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

### B. Pet Care Information

Pet Name(s) \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Known Behavioral Issues \_\_\_\_\_

Known Medical Issues \_\_\_\_\_

Other Special Care Instructions \_\_\_\_\_

### C. Standby Caretaker Information

In the unlikely event that you I am unable to return and assume care of my pet(s), Pawfect Love Pet Care, LLC should contact the following person(s) to take over the care of my pet(s) in my absence or until final pet guardianship is determined pursuant to applicable law.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Office \_\_\_\_\_ ext \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_

### D. Preferred Veterinarian/Clinic Information

In accordance with the Veterinary Release Agreement, executed contemporaneously herewith, in the event that any of my pets appear to be ill, injured or at significant risk of experiencing a medical problem at the start of service or while in the care of Pawfect Love Pet Care, LLC, I give permission to Pawfect Love Pet Care, LLC to seek veterinary care from a veterinarian or veterinary clinic. The contact information of my preferred veterinarian or veterinary clinic is as follows:

Clinic and/or Veterinarian Name \_\_\_\_\_

Address \_\_\_\_\_

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

I agree to notify the person(s)/clinic above that I have listed them as my emergency pet guardianship contact and that Pawfect Love Pet Care, LLC has been given their contact information.

Client Name (printed) \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Pawfect Love Pet Care, LCC Representative \_\_\_\_\_