



Petcare Plan

Instructions

How can you make sure your pet is looked after when you are no longer able to care for them? Should you need to go into hospital, temporary care or you pass away, what will happen to your pets?

You also need to ensure your Will is kept updated. If there is no provision in your will, the residuary beneficiary will inherit your pet.

If you do not have a valid Will your pet will go to your next of kin. For more information you can contact Public Trustee and Guardian at: www.ptg.act.gov.au or 02 6207 9800.

It is also prudent to leave your Attorney appointed under an Enduring Power of Attorney with instructions as to how to care for your pet in the event you no longer have the capacity to do so. You can give them this Petcare Plan as a guide.

Basic Information

Your name:		Address:	
Pet's name:		Phone number:	
Breed:		Age/DOB:	
Sex:		Desexed?	Y / N

Identification

Microchip number:		Registry for microchip:	
Pet's colour(s):		Identifying marks:	
Nickname:		Collar colour:	
Other Info:			



Food

Regular food:	
Mealtimes:	
Favourite food:	
Chews/bones?	
Foods your pet can't have:	

Medical

Vet clinic:	
Preferred vet:	
Phone number:	
Pet insurance (company and policy number):	
Last vaccination:	
Parasite control (worms, fleas etc):	
Health Conditions:	
Current medications:	



Enrichment/Exercise

Favourite games:	
Favourite toys:	
Frequency and length of walks:	
Dogwalker? (name and phone number):	

Grooming

Dog groomer (name and phone number):	
Brushing frequency:	
Nail trims at home/vet/groomer:	
Baths – frequency and instructions on bathing:	

Sleep

Where does your pet sleep?	
Bedtime routine:	



Future Caregiver

Name of caregiver:	
Phone number:	
Relationship to owner:	
Other options for care (eg boarding kennel or secondary carer):	

Boarding/Petsitting

Boarding Kennels/Petsitter:	
Phone number:	
Address:	

Behaviour

Fears/phobias:	
Other behavior problems:	
Does your pet like dogs/cats/kids?	



Signature

*Signature of the Person
Submitting this Form*

Name

*Name of the Person
Submitting this Form
(print)*

Date of
Signature

MM

DD

YY