

# Care Plan for Your Pet



Should something  
happen to you!



[www.elderpet.org](http://www.elderpet.org)

# This packet was prepared for you by:

# ElderPet

*Embracing the  
Human-Pet Bond  
For All*



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## ABOUT US

ElderPet is a 501c3 service organization driven by devoted community volunteers. We value pet companionship, believing all are entitled to the benefits of the human/pet bond. At ElderPet we are committed to making sure seniors, people with disabilities, and others do not lose that privilege for economic reasons. We champion therapy animal teams so healthcare patients, school students, returning military, and others experience the spirit of the human/pet bond. We accomplish this mission through our Community Services branch, and the Pet Partners Therapy Animal program. ElderPet proudly serves the communities of Strafford and Seacoast Rockingham counties of NH.

## CONTACT US



(603) 767-6856



[www.elderpet.org](http://www.elderpet.org)



[www.facebook.com/ElderPet](https://www.facebook.com/ElderPet)



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# Introduction



**We all love our pets and intend to care for them for their entire lives. But have you ever thought what would happen if something happens to you? What can happen? It could be an unexpected illness or an accident that puts you into the hospital, nursing home, or even causes sudden death. These things can happen either when you are at home or on the road. This packet will explain and give you the tools to plan ahead should something happen. It is very comprehensive, so choose to use what works best for you**

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## ***Contents of This Packet***

- A Pet Alert Card / 3 card template
- An Inventory of Pets table to keep with your legal documents and pet information folders.
- A fillable Durable Power of Attorney for Pet Care
- A detailed list of recommended veterinary and care records that you should keep together in one place
- A copy of the NH Trust Code law that allows for setting up a trust fund for care of an animal should you pass or become incapacitated while that animal is still alive.

This may sound familiar to you as you may have similar documents in place for yourself or a loved one. Remember, this is for the benefit of your non-human loved one.

## ***Important Decisions***

Think about all of your friends and relatives. Decide who you might like to care for your pet if something happens to you. Ideally, choose 2 people who live close to your home where the pet lives. They will be the emergency contacts and will offer care for your pet, either in your home or in theirs until you are back home or until a long-term caretaker is able to step in. This is information for the Pet Alert card. Make sure you get agreement in advance from the individuals!

If you should pass away, or be incapacitated long-term, designate a person who will take care of your pet according to your wishes. This may be one of the people you listed earlier, a veterinarian, breeder, kennel owner, etc.

# Paperwork



## ***Gathering and Organizing***

1. Start by filling out the Inventory of Pets table. Update as needed.
2. Gather the records from the enclosed list for each of your pets and make a folder for each pet.

## ***Durable Power of Attorney for Pet Care***

This is an Advanced Directives (your wishes) for the care of your pet(s) should you become incapacitated or should die. It names an agent to oversee care for your pet long term. It gives the agent permission to set up and utilize an account for your pet's care, stipulates your wishes concerning euthanasia, whether the pet can be re-homed or would stay with a particular person or persons. and more. This document must be witnessed and notarized.

## ***Creation of a Trust***

NH Law allows residents to set up a trust fund for care of animals. This trust should be created in tandem with the Durable Power of Attorney.

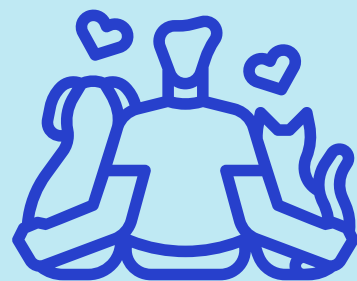
These documents are best set up with an attorney, but it is not required. They should be kept with your will or trust.

## ***Pet Alert Card***

In this packet is a template for 3 Pet Alert cards. This card should be printed on card stock paper. It is double sided and consists of 2 parts -

- The **top** part is meant to be kept in a prominent place in your home where caretakers or first responders will see it. Perhaps it can be attached with a magnet to your refrigerator. It contains contact information and brief care instructions should your contacts not be available.
- The **bottom** section is meant to be cut off and carried in your wallet or purse in case of you are involved in an accident or sudden illness while away from home. It contains your name and address and the names of your emergency contacts.

If you have multiple pets, a pet inventory should also be readily visible and the top portion should be filled out for each pet.



## Inventory of Pets

Name of Pet	Breed	Description	Sex	Birth Year	Notes



## Important Information Regarding Pets for Caretaker or Agent

It is a good practice to keep this information all together in a file folder for each pet. Make sure each caretaker/agent has a copy or knows where this information is kept.

For each animal:

- Name and date of birth
- Microchip Number/ Agency
- Name of current veterinarian and any veterinary specialists involved with care
- Vaccination records
- Health conditions of animal
- Food type, location and feeding instructions
- List of medications, location and instructions
- Any training the animal has had and name of trainer
- Name of groomer
- Location of leashes, crates, other equipment and notes on their use
- Behavior personality notes
- Other pertinent information

This information should be given to any and all agents that you may ask to care for your pets as well as your veterinarian.

Carry your **Pet Alert Card** in your wallet stating that you have pets at home and the name/contact information of your agent.







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## **Advance Directives: Durable Power of Attorney for Pet Care**

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**Provided Courtesy of ElderPet ([www.elderpet.org](http://www.elderpet.org))**

### **Instructions**

1. Read and complete document carefully, but do not sign.
2. You may want to set up a Trust as per RSA 564-B:4-408 along with this document.
3. This document should be witnessed and signed in the presence of a Notary Public.
4. Make sure that all concerned individuals and businesses get a copy of this document.
5. The original copy should be kept with your will.
6. Complete and attach the pet inventory as changes occur.



## *Advance Directives*

### **DURABLE POWER OF ATTORNEY FOR PET CARE**

I \_\_\_\_\_ hereby appoint \_\_\_\_\_  
of \_\_\_\_\_ (Phone) \_\_\_\_\_  
as my agent to make any and all pet care decisions for my pet(s), except to the extent that I state  
otherwise in this document or as prohibited by law. This Durable Power of Attorney shall take  
effect in the event that I become unable to care for my pet(s) or when I die.

### **STATEMENT OF DESIRES, SPECIAL PROVISIONS AND LIMITATIONS REGARDING CARE OF MY PET(S)**

1. If I must be unexpectedly hospitalized, I have made arrangements with:  
\_\_\_\_\_ (Kennel, Animal Hospital, person)  
of \_\_\_\_\_ (Phone) \_\_\_\_\_  
to care for my pet(s) in a responsible manner.

(Please initial one of the following choices.)

\_\_\_\_\_ I authorize my agent to set up an account from my assets to pay for these  
care services.

\_\_\_\_\_ I have a trust set up according to RSA 564-B-4-408.

2. Should my pet(s) be unable to continue living with a comfortable quality of life, I authorize my  
agent to direct that the pet(s) be humanely euthanized, the fee for which will be paid from  
the account indicated above by my agent.

\_\_\_\_\_ Yes    No    (Circle your choice and initial beside it.)

3. If I should die or be permanently institutionalized (circle your choice of a. or b. and initial  
beside it):

a. \_\_\_\_\_ I authorize my agent to use his/her best judgement in either finding good  
homes for my pet(s) or allowing a licensed animal shelter or veterinary hospital to place  
my pet(s). I realize that there is the possibility that my pet(s) may be euthanized if suitable  
homes cannot be found.

b. \_\_\_\_\_ I have made arrangements with \_\_\_\_\_

of \_\_\_\_\_ (Phone) \_\_\_\_\_ to care for my pet(s) for  
the rest of his/her/their natural lifespan.

4. Other specific desires for the care of my pet or his/her remains after passing:

In the event that the person I appoint above is unable, unwilling or unavailable or ineligible to act as my pet care agent, I hereby appoint \_\_\_\_\_

of \_\_\_\_\_ (Phone) \_\_\_\_\_ as alternate agent.

The original of this document will be kept at \_\_\_\_\_ and the following persons and institutions will have signed copies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby release the named person(s) and institution(s) relying on this Durable Power of Attorney for Pet Care from any and all liability to me or to my estate for any actions taken pursuant to this Advance Directive and hold them harmless for their reliance on any instructions of the designated agent or alternate agent.

In witness whereof, I have here unto signed my name this date: \_\_\_\_\_

\_\_\_\_\_

I declare that the principal appears to be of sound mind and free from duress at the time of Durable Power of Attorney for Pet Care is signed and that the principal has affirmed that he or she is aware of the document and is signing it freely and voluntarily.

\_\_\_\_\_  
Witness Address

\_\_\_\_\_  
Witness Address

\_\_\_\_\_  
State County

Then personally appeared the above-named and acknowledged the foregoing instrument to be free act and deed before me

\_\_\_\_\_  
Notary Public/Justice of the Peace My Commission Expires \_\_\_\_\_

# **TITLE LVI PROBATE COURTS AND DECEDENTS' ESTATES**

## **CHAPTER 564-B UNIFORM TRUST CODE**

### **ARTICLE 4 CREATION, VALIDITY, MODIFICATION, AND TERMINATION OF TRUST**

#### **Section 564-B:4-408**

##### **564-B:4-408 Trust for Care of Animal. –**

(a) A trust may be created to provide for the care of an animal alive during the settlor's lifetime. The trust terminates upon the death of the animal or, if the trust was created to provide for the care of more than one animal alive during the settlor's lifetime, upon the death of the last surviving animal.

(b) A trust authorized by this section may be enforced by a person appointed in the terms of the trust or, if no person is so appointed, by a person appointed by the court. A person having an interest in the welfare of the animal may request the court to appoint a person to enforce the trust or to remove a person appointed.

(c) Property of a trust authorized by this section may be applied only to its intended use, except to the extent the court determines that the value of the trust property exceeds the amount required for the intended use. Except as otherwise provided in the terms of the trust, property not required for the intended use must be distributed to the settlor, if then living, otherwise to the settlor's successors in interest.

**Source.** 2004, 130:1, eff. Oct. 1, 2004.

# PET ALERT

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

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

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

## Emergency Contacts:

Name: \_\_\_\_\_

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

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

*or*

Name: \_\_\_\_\_

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

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

-----cut here-----

## EMERGENCY PET ALERT!

My pet may be home alone.

My name: \_\_\_\_\_

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

Please contact a person listed on the reverse side of  
this card who will care for my pet.

# PET ALERT

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

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

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

## Emergency Contacts:

Name: \_\_\_\_\_

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

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

*or*

Name: \_\_\_\_\_

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

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

-----cut here-----

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Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

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

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

## Emergency Contacts:

Name: \_\_\_\_\_

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

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

*or*

Name: \_\_\_\_\_

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

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

-----cut here-----

## EMERGENCY PET ALERT!

My pet may be home alone.

My name: \_\_\_\_\_

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

Please contact a person listed on the reverse side of  
this card who will care for my pet.

## PET INFORMATION

### DIET

Type of food. How much and how often?

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### MEDICATION

Name of medication. How much and how often?

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### SPECIAL INSTRUCTIONS

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### SPECIAL INSTRUCTIONS

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### IN CASE OF EMERGENCY, CONTACT:

Name: \_\_\_\_\_

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

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

*or*

Name: \_\_\_\_\_

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

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

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### IN CASE OF EMERGENCY, CONTACT:

Name: \_\_\_\_\_

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

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

*or*

Name: \_\_\_\_\_

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

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

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### IN CASE OF EMERGENCY, CONTACT:

Name: \_\_\_\_\_

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

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

*or*

Name: \_\_\_\_\_

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

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