



Chilliwack Animal Safe Haven Society

SIDO PROGRAM: PET BIOGRAPHY FORM FOR CATS

Please take time to think about what would happen to your precious pet(s) if you become seriously ill or die unexpectedly. Please discuss your wishes with your next of kin and leave written instructions so others know your wishes.

**You may want to make your wishes official and include them in your Will.

Will your immediate family automatically continue to keep your pet(s) ?
 Will someone look after it (them) the way you would want ?

If you are not sure:

- have you made some provisions with other family members or a friend to look after your animal(s) immediately upon your illness or demise? put them in boarding ?
- have you set aside a sum of money in your Will to pay for the cost of looking after your pet(s) for food, veterinary care, grooming and boarding during your illness or demise?
- do you want your pet(s) re-adopted to a new home ?

Information for your care giver/s:	Date:
CAT	TEMPORARY CARE GIVER
Name::	Name::
Description:	Address:
Age: Male/Female:	Phone #:
Vet records at:	Cell:
	Email:
Phone #:	

My cat is fed: Once a day Twice a day Approx. time/s: _____

Food my cat likes: *(brand names of food)* _____

Litter my cat likes: _____

My cat is: Indoor only Can go outdoors

My cat sleeps: In his basket On the bed Other: _____

Any special medical problems: _____

My next of kin is: _____ Phone #: _____

My Lawyer is: _____ Phone #: _____

PET OWNER'S NAME (PLEASE PRINT)

SIGNATURE OF PET OWNER