

ADVANCED DIRECTIVE PET PROFILE[®] (FIDO'S FORM[®])

Owner's Name: _____ Date: _____

Owner's Address: _____

Contact: Home # _____ Cell: _____ Email Address: _____

*In an emergency or if you are incapacitated, who would know how to take action for your pets? Help others take care of your pet as you would. Complete this profile and keep it with your Advanced Medical Directives, Will, and storm evacuation kit. Your pet's information should be available to first responders and designated pet caregivers. Be sure to include it with the "File Of Life" kit provided free of charge by rescue squads for placement on refrigerators. If you don't have a File Of Life, place a note on the refrigerator where to find this document in your home. **Give a copy to your designated Power of Attorney, your attorney, your vet and anyone else you authorize to assist on your behalf.***

PET EMERGENCY CONTACT INFORMATION

If I am unable to take care of my pet either temporarily or permanently, please contact the following person(s) to take immediate control and care of my pet(s):

FIRST CONTACT:

Name	Cell Phone:	Home Phone:
Relationship or Title	E-Mail:	Has key? Yes No
Home Address:		

Does this person have your express permission to do the following:

Enter your home? Yes No Care for your pet in your home? Yes No Care for your pet at their home? Yes No

Take the pet to a veterinarian office or boarding facility for boarding and/or medical care? Yes No

ALTERNATE CONTACT:

Name	Cell Phone:	Home Phone:
Relationship or Title	E-Mail:	Has key? Yes No
Home Address:		

Does this person have your express permission to do the following:

Enter your home? Yes No Care for your pet in your home? Yes No Care for your pet at their home? Yes No

Take the pet to a veterinarian office or boarding facility for boarding and/or medical care? Yes No

TOTAL NUMBER OF PETS IN THE HOME: ____ Cats ____ Dogs ____ Birds ____ Other

PET'S NAME: _____

HEARING IMPAIRED? Yes No	BLIND? Yes No	MOBILITY ISSUES? Yes No
DIABETES? Yes No	FELINE LEUKEMIA? Yes No	ALL SHOTS CURRENT? Yes No

DESCRIPTION

Species: Cat Dog Bird Other: _____ Breed: _____ Age/Birthdate: _____

Microchip: Yes No	Microchip #	Neutered or Spayed? Yes No	Declawed? Yes No Indoor Only? Yes No Part time Outdoor? Yes No	Fronts Backs	Mostly Feral? Yes No
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PHYSICAL DESCRIPTION: (Unusual markings, unique identifiers) Approximate Weight: _____ lbs

VETERINARIAN CONTACT INFORMATION

Primary Vet:

Company Name: _____ Vet's Name: _____

Phone: _____ Address: _____

Specialist/Other Vet:

Company Name: _____ Vet's Name: _____

Phone: _____ Address: _____

Where in the home are your pet's medical records kept? _____

CURRENT MEDICAL TREATMENT

Current Medications:	Drug Name	Dosage	Frequency	Condition Being Treated

Where is your pet's medicine kept? _____

Current Medical Conditions (Not Treated With Medication)	Condition	How Treated?	Frequency?

FOOD

	Brand	Flavor	Daily Amount	Feeding Times	Open or Controlled?
Dry					
Wet					
Snacks/Treats					
Special Needs/Comments: Food aggressive? Food guarding? Finicky?					

POTTY HABITS

Any litter box issues, type/brand of litter used, habitual potty accidents, related issues:

Times of day usually walked:

DAILY LIVING SPACE

How many hours daily is your pet left alone? Where does he/she spend most of the day. Caged? Garage? Fenced Yard? Throughout house? Does your pet attempt to escape from his/her usual habitat? If so, all the time or only when left alone? Will he/she try to climb on counters? Destroy property if uncaged when alone?

Is your pet use to a home that is: Active, Quiet, has small children, has lots of private space, strict discipline or more relaxed, predictable schedule or more spontaneous?

What other animals has your pet lived with in your home? How do/did they get along?

SOCIALIZATION

Is he/she in a bonded pair? Could they be separated without emotional harm?

What types of animals or people does your pet prefer? What types of animals/people does your pet NOT get along with? People in uniform? Men? Small children? What types of animals/people does your pet chase? Snap at? Show aggression towards?

Under what circumstances would your pet become uncomfortable enough to flee or fight?

Has your pet ever bitten anyone or harmed another animal? Circumstances?

PERSONALITY/CHARACTER/HABITS

Generally describe your pet's personality: (laid back, vocal, quiet, high energy, loyal only to owner, lap cat, loner, hates exercise, shy, extrovert, aggressive, likes athletic play, gentle play):

FAVORITE TOYS AND GAMES (yes, we know, snacktime!)

MY PET'S SPECIAL SKILLS/TALENTS: (obedience trng, service dog trng, tricks, responds to which commands)

EARLY EXPERIENCES AFFECTING BEHAVIOR/HEALTH (abuse, neglect, found as stray, how long lived with you, previous Show animal. If adopted or purchased, add Contact Info on last page.

YOUR WISHES FOR YOUR PETS CARE while you are incapacitated or in the case of your death?

Current caregiver as long as possible. Board as long as possible. Rehome through shelter (Name) _____ as soon as possible Other Action:

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Additional Contact Information:

Pet Sitters/Caregivers:

Name	Cell Phone:	Home Phone:
Relationship	E-Mail:	Has key? Yes No
Address:		

Power of Attorney:

Name	Cell Phone:	Home Phone:
Relationship	E-Mail:	Has key? Yes No
Address:		

Attorney

Name	Cell Phone:	Office Phone:
Relationship	E-Mail:	
Firm Name and Address:		

If Adopted or From Breeder or Individual:

Organization/Name	Phone:
E-Mail:	
Address:	

Anything else that would help provide your pet with the best possible care?