Cape Fear Habitat for Humanity®

Advance Health and Final Care Directive for Pets

In the event of my death, or incapacity to act, I would like for the following plan for the care and safety of my pets to be implemented.

Pet Name	Type Pet / Breed	Microchipped Y/N	Birth Date	Gender (M/F) Spay/Neuter (Y/N)
		☐Yes ☐No		☐M ☐F ☐Spay/Neuter
		☐Yes ☐No		☐M ☐F ☐Spay/Neuter
		☐Yes ☐No		☐M ☐F ☐Spay/Neuter
		☐Yes ☐No		☐M ☐F ☐Spay/Neuter

I would like for my pet(s) to be:

☐ Placed in an appropriate no kill shelter or foster home Name:

☐ A copy of this document is on file with this organization.

☐ Surrendered to the SPCA/Local Pound/Humane Society to be placed as able. Name:

☐ A copy of this document is on file with this organization.

☐ Placed with family or friends, as listed below.

☐ Each person named has a copy of this document.

☐ Other:

Name	Mobile	Email	Address	Pet Name

Veterinarian Contact Information Clinic / Hospital Address	Veterinarian	Phone

☐_____ is a Certified Service Animal (Certification attached) Please return them to the organization that trained / placed the pet so they can continue to help others. The contact information is below and they are aware of this arrangement.

Organization	Contact	Phone	Email	Website

Special needs or medication(s) and directions: _____

_____

Print Name:	Signature:	Date:
Witness Name:	Signature:	Date:

Please add this to your estate documents and notify all parties of your intentions. This form is for intention and informational purposes. Always refer to your Attorney for any advice around these decisions. The author takes no legal liability for any information or use of this document. If you need additional room for directions, medications or pets, please add it to the back of this form.