

Pet Trust Data Form

Your name: _____

Your address: _____

Day Phone Number: () _____

Cell Phone Number: () _____

Pet # 1

Name _____
Type _____

Dog Cat Horse Bird

Other _____

Age _____ years

Description of Pet _____

Pet # 2

Name _____

Type _____

Dog Cat Horse Bird

Other _____

Age _____ years

Description of Pet _____

Pet # 3

Name _____

Type _____

Dog **Cat** **Horse** **Bird**

Other _____

Age _____ years

Description of Pet _____

Pet # 4

Name _____

Type _____

Dog **Cat** **Horse** **Bird**

Other _____

Age _____ years

Description of Pet _____

Name of Caregiver _____

Address _____

Day Phone Number: () _____

Cell Phone Number: () _____

Alternate Caregiver _____

Address _____

Day Phone Number: () _____

Cell Phone Number: () _____

Alternate Trustee _____

Address _____

Day Phone Number: () _____

Cell Phone Number: () _____

Veterinarian _____

Address _____

Day Phone Number: () _____

Describe any medical conditions _____

Standard of care requested:

First Class Above Average Average Minimum

Is Trustee to be compensated? Yes No

If yes, describe: _____

Other instructions _____

Do you have life insurance?

Yes No Whole Life Policy

Term Life Policy to _____ Amount \$ _____
(year terminates)

Final Deposition:

Burial Cremation Other:

Michael T. Chulak & Associates
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