



2825-A Longley Lane, Reno, NV 89502 Center: (775) 353-8900 Dispatch: 322-3647 (DOGS) Fax: 353-8905

## What happens to your pets if you become incapacitated?

## What can I do now to prepare for the unexpected?

In the confusion that accompanies a person's unexpected illness, accident, or death, pets may be overlooked. In some cases, pets are discovered in the person's home days or weeks later.

To prevent this from happening to your pet, Regional Animal Services would like to offer some tips to help ensure that your pets are taken care of:

- Find at least two responsible friends or relatives who agree to serve as temporary (or permanent) emergency caregivers in the event that something unexpected happens to you.
- Provide them with keys to your home; feeding and care instructions; the name of your veterinarian; and information about the permanent care provisions you have made for your pet.
- Make sure your neighbors, friends, and relatives know how many pets you have and the names and contact numbers of the individuals who have agreed to serve as emergency caregivers. Emergency caregivers should also know how to contact each other.
- Be sure the animals know the intended caregiver(s). Have them come to your house periodically so the animals are familiar with them.
- Advise the intended caregiver that you are adding them to your list of caregivers for your pet so that they are not surprised.
- Carry a wallet "alert card" that lists the names and phone numbers of your emergency pet caregivers and how many pets you have (be sure to update your card when the number of animals changes!). Keep one in your wallet and one on your refrigerator so any emergency team can find them easily.
- Advise the intended caregiver(s) who your veterinarian is.
- Consider consulting an attorney if you want to set up a trust or a will to provide for your pet.
- Pets need care daily so they may need immediate attention should you die or become incapacitated. The importance of making these arrangements cannot be overemphasized.





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Name:				
Address:				
Phone #:	2 <sup>nd</sup> j	phone #:		
Or; 2 <sup>nd</sup> person who will o	•			
Name:				
Address:	and	<u>.</u>		
Phone #:	2 <sup>nd</sup> ]	2 <sup>nd</sup> phone #:		
	be cared for in a manner that an	• •		
	have visited Dr.:	, DVN	A at	
	Animal Hospital.			
State of	) )SS:			
County of	) 55:			
	ersigned notary public, the			
me known, who being	duly sworn according to	law, deposes the follow	ing:	
(Affiant's Statemen	ıt)			
(Signature of Aff	iant)	(Print name)		
Subscribed and swor	rn to before me this	day of	, 20	
Notary Public				
Mar Committee				
My Commission Ex	rbīres			