

PET TRUST WORKSHEET

Estate Planning and Administration
Elder Law - Special Needs
International Tax
Veteran's Benefits
Pet Trusts

PET TRUST QUESTIONNAIRE

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING A PET TRUST THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA E-MAIL, MAIL OR FAX.

Personal Information:

Name: _____

Home phone: _____ Cell phone: _____

Email address: _____

Can we email documents? Yes/ No

Date of Birth: _____

Permanent Address: _____

Mailing Address: _____

Pet Information:

Pet name(s) and description:

Please provide a photo of each pet

1. Name of Pet: _____ Breed: _____

Description of Pet: _____

2. Name of Pet: _____ Breed: _____

Description of Pet: _____

3. Name of Pet: _____ Breed: _____

Description of Pet: _____

4. Name of Pet: _____ Breed: _____

Description of Pet: _____

5. Name of Pet: _____ Breed: _____

Description of Pet: _____

6. Name of Pet: _____ Breed: _____

Description of Pet: _____

7. Name of Pet: _____ Breed: _____

Description of Pet: _____



Caregiver – Personal Representative:

Caregiver(s) #1: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

.....

Alternate(s) : _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

.....

Alternate(s) : _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Power of Attorney (Financial Power):

I want my pet trust included in my general Power of Attorney

- Monthly spending budget: \$ _____

I want my pet trust in a separate, limited Power of Attorney

- Name of Agent & Relationship: _____

- Name of the Caretaker, if different: _____

- Description on what assets the POA has power over: _____

- Monthly spending budget: \$ _____

Living Will – Pet End of Life Instructions:

Do you want:

A Panel Group: An advisory board for the trust consisting of friends, relatives, veterinarian, etc. to make decisions relating to the standard of care for your pet. We will need the name, relationship, and address of each member of the group.

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Panel Group can make decisions based on the following:

- Operations-Surgery
- Cancer treatment or other invasive treatment
- End of life- euthanasia
- Other: _____

Do you want:

- End of Life Instructions-Living Will
 - Final Decision shall be made by my agent
 - Final Decision shall be made by my agent based on a letter from the veterinarian
 - Do not resuscitate order
 - Funeral Instructions
 - Cremation
 - Other: _____
 - Burial Place: _____
 - Other: _____
 - Plaque to say: _____
 - _____

Distributions at the End of Your Life:

A Simple Bequest

Name Caregiver: _____

Amount given: \$ _____

A Trust For Your Pet:

In your Last Will and Testament

In your Revocable Trust

In a Stand Alone Trust

Trustee: _____

Successor Trustee: _____

Trust Protectors: _____

Caregivers: _____

Instructions for Selecting a Caregiver or Successor Caregiver(s):

Instructions for Care:

(Please attach additional instructions if needed)

Instructions for Medical Treatment:

(Please attach additional instructions if needed)

Remote Beneficiaries of Your Estate:

If all of the main beneficiaries mentioned above pre-decease you...often clients select the descendants of their parents

Calculation of Cost of Care:

	Monthly	Yearly
Food		
Medication		
Grooming		
Vet		
Pet Life Insurance		
Boarding		
Pet-sitting		
Toys		
Recreation		
Entertainment		
Compensation to Caretaker		
Other		

Total calculation of the cost of long-term care: \$ _____

Average Life Expectancy: _____

What are any average end of life medical problems and cost of end of life illness?

Do you have health care insurance for your pet? Yes No

Company: _____

Premium: _____

Coverage: _____