

# Pet Guardianship Form

## **Pet**

Pet Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Description (Ex: color, identifiable markings): \_\_\_\_\_  
\_\_\_\_\_

## **Current Vet's Information (Contact with Questions if Needed)**

Vet's Name: \_\_\_\_\_  
Clinic Address: \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_  
Pet Insurance/Medical Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Allergies to medication: \_\_\_\_\_  
Other allergies: \_\_\_\_\_  
Other medical information: \_\_\_\_\_  
\_\_\_\_\_

## **Current Owner(s)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address (Primary): \_\_\_\_\_

## **Temporary Legal Guardian(s) in Event of Current Owners' Accident/Injury**

### **Temporary Legal Guardian #1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address (City, State): \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

**Temporary Legal Guardian #1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address (City, State): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

**AUTHORIZATION AND CONSENT OF CURRENT OWNER(S)**

I do hereby swear that I have legal custody of the aforementioned pet(s).

I grant my authorization and consent for \_\_\_\_\_

*Temporary Legal Guardian(s) #1*

and/or \_\_\_\_\_ to:

*Temporary Legal Guardian(s) #2*

House, shelter, transport and feed the aforementioned pet(s).

Seek medical attention for the pet(s), including contacting medical personnel and transporting pet(s) to the necessary clinic or hospital. To issue consent for any medical procedure, transfusion, medication, treatment or care diagnosed and administered by any licensed vet or vet personnel.

Make decisions on behalf of the pet(s) regular care, discipline, obedience training, playtime activities, and dietary needs.

This guardianship is authorized to begin in the event that the current owners, Sally Rolfe & Adam Fowler, suffer an accident or injury within the lifetime of the aforementioned pet that leaves them temporarily unable to care for the animal. At this time, one of the temporary legal guardians as mentioned above, would become the temporary legal guardian of the pet.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

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Parent/Owner #1's Signature Parent/Owner #2's Signature

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_

By \_\_\_\_\_

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(Signature of Notarial Officer)

Notary Public for the State of Maryland

My commission expires: \_\_\_\_\_