



PET CARE SERVICE, LLC

Pet Guardianship

In the event that you become incapacitated while your pet(s) are in our care, please list the person(s) who should be contacted to become the guardian and take over your pet's care until care can be provided as arranged for in other legal documents prepared by you. We urge you to address the care of your pet(s) when planning your estate.

Please make the listed person(s) aware that you are appointing them as guardian of your pet(s).

In the event of an emergency which incapacitates me,
I, _____
hereby authorize All Paws N' Claws Pet Care Service, LLC to turn
my pet(s) over to:

Name: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **E-mail:** _____

Relationship to Client: _____

Client Signature _____ **Date:** _____