

MAAP Program – MAKE A PLAN
Worksheet 1: Overall Pet Care Plan Information Sheet

DATE:

Short Term Directives:

What do you want done with your pets? Home/Kennel/Other

Possible Visitation/ Shelter Provisions

Costs Benefits to keep/place/Health of you and pets.

Name: _____

Address: _____

Telephone #: _____

Mobile#: _____

Email: _____

Long Term Directives:

What do you want done with your pets?

Home/Kennel/Other

Possible Visitation/ Shelter Provisions

Costs Benefits to keep/place/Health of you and pets.

Name: _____

Address: _____

Telephone #: _____

Mobile#: _____

Email: _____

Short Term Scenario:

If I was to get sick, but expect to fully recover in a short time, this is what I would like done with my pets:

- Keep with me
- Visit me at home/hospital
- Settle and not visit

If I were to get sick, and it would take some time for me to recover, this is what I would like to do with my pets

- Keep with me
- Visit me at home/hospital
- Settle and not visit