



PetGuardian Pet Trust Plan: Pet Owner Application

Congratulations for making this important effort to plan for the future care, support and love of your pets. PetGuardian's goal is to provide an affordable and comprehensive solution. We encourage you to consult with your attorney to incorporate your PetGuardian Pet Trust documents into any existing estate plans in addition to appropriately establishing a separate pet trust fund as necessary.

After you have completed this application, please mail to: PetGuardian, 1484 Pollard Rd, No. 444, Los Gatos, CA 95032.

You may also fax the application to us at 408.866.6659. Should you need help completing the application, you can find suggestions on our website at www.petguardian.com. You can easily contact us using our email contact form located on our website or send us an email at info@petguardian.com.

Please fill out all relevant sections of this application. Print clearly in blue or black ink.

What information is needed in order to complete the application?

The following is an abbreviated checklist that outlines some of the information you may want to collect prior to completing this application.

- Specific information about your pets including birth date (year is mandatory), medical history, special needs and behavioral habits
- Contact information for your veterinarian(s)
- Costs associated with taking care of your pets; food, medications, supplies and yearly veterinarian costs
- Contact information for responsible individuals who will be able to take care of your pets temporarily or permanently if necessary
- Contact information for the person(s) you would want to administer your pet trust
- Details outlining how your pets should be taken care of should they become seriously ill or die

Please review the Terms of Agreement on the last page of this application and provide your signature below. This is required in order to process your application.

Print Name	Signature	Date
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1a. Pet Owner Information

First Name	Last Name	Email	
Address	City	State	Zip
Home Phone	Cell Phone		

1b. Second Pet Owner Information (optional)

First Name	Last Name	Email
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2a. Information for First Pet

Pet's Name _____ **Sex** (Male/Female) _____ **Date of Birth** (Month/Year) _____

Type (*Indoor Cat, Outdoor Cat, Dog, Bird, or Horse*) _____

Breed (for dogs: if no specific breed, please indicate *small, medium, large* or *giant*) _____

I.D. Marks (includes microchips, tattoos, unique coloring and scars) _____

Medical History (any specific information relative to the pet's health history) _____

Special Needs (any specific requirements such as a permanent medical condition or special exercise routine) _____

Behavioral Habits (such as "protective," "fear of loud noises" or anything unique about your pet's behavior) _____

Where is your pet's medical history located? _____

Do you maintain additional instructions for this pet? Yes No

If yes, where? _____

What brand of food do you feed this pet? _____

Approximately how much food per day? (for example, 3 cups twice per day) _____

When are the typical feeding times? _____

Medications and supplements _____

Approximately how much do you typically spend yearly for veterinary costs? _____ \$

Approximately how much do you spend each month for food? _____ \$

Approximately how much do you spend each month for medications? _____ \$

Approximately how much do you allocate yearly for bedding, toys, grooming, supplies? _____ \$

How much do you wish to allocate for pet health-related emergencies per year? _____ \$



2b. Pet Health Insurance Information for First Pet

Do you currently own a pet insurance policy? Yes No

If yes, please provide the following information:

Name of Provider _____ Phone _____

Policy Number for First Pet _____ Cost per Year \$ _____

2c. In Case of Death of First Pet

Should this pet die, how do you want the remains cared for?

- Burial
- Cremation
- Local Pet Cemetery
- Best Friends Animal Society Angels Rest
- Caregiver can determine

I would like to allocate \$ _____ for the cost of caring for my pet's remains.
You may want to include an allowance for any special markers, urns or caskets in this amount.

3a. Information for Second Pet

Pet's Name _____ **Sex** (Male/Female) _____ **Date of Birth** (Month/Year) _____

Type (*Indoor Cat, Outdoor Cat, Dog, Bird, or Horse*) _____

Breed (for dogs: if no specific breed, please indicate *small, medium, large* or *giant*) _____

I.D. Marks (includes microchips, tattoos, unique coloring and scars) _____

Medical History (any specific information relative to the pet's health history) _____

Special Needs (any specific requirements such as a permanent medical condition or special exercise routine) _____

Behavioral Habits (such as "protective," "fear of loud noises" or anything unique about your pet's behavior) _____



3a. Information for Second Pet (continued)

Where is your pet's medical history located? _____

Do you maintain additional instructions for this pet? Yes No _____

If yes, where? _____

What brand of food do you feed this pet? _____

Approximately how much food per day? (for example, 3 cups twice per day) _____

When are the typical feeding times? _____

Medications and supplements _____

Approximately how much do you typically spend yearly for veterinary costs? _____ \$

Approximately how much do you spend each month for food? _____ \$

Approximately how much do you spend each month for medications? _____ \$

Approximately how much do you allocate yearly for bedding, toys, grooming, supplies? _____ \$

How much do you wish to allocate for pet health-related emergencies per year? _____ \$

3b. Pet Health Insurance Information for Second Pet

Do you currently own a pet insurance policy? Yes No

If yes, please provide the following information:

Name of Provider _____ Phone _____

Policy Number for Second Pet _____ Cost per Year \$ _____

3c. In Case of Death of Second Pet

Should this pet die, how do you want the remains cared for?

- Burial
- Cremation
- Local Pet Cemetery
- Best Friends Animal Society Angels Rest
- Caregiver can determine

I would like to allocate \$ _____ for the cost of caring for my pet's remains.
You may want to include an allowance for any special markers, urns or caskets in this amount.

If you have 3 or 4 pets, please photocopy and complete questions 3a through 3c for each pet and submit with your application.



The following sections apply to all of your pets.

4. Veterinarian Information

Primary Veterinarian (required)

Address	City	State	Zip
Phone	Emergency Phone	Cell Phone	

Alternative Veterinarian or Emergency Care Facility

Address	City	State	Zip
Phone	Emergency Phone	Cell Phone	

5. In Case of Serious Illness

Should your pets become seriously ill, please select one of the following options:

- My veterinarian should make the recommendation when my pets should be euthanized.
- My caregiver should make the decision when my pets should be euthanized.
- My emergency contacts should consult the caregiver and veterinarian to make this decision.

6. Caregiver Information

Carefully select a minimum of two caregivers who agree to be responsible for your pets should anything happen to you. Caregivers will be responsible for the day-to-day care of your pets. Caregivers should fully understand the obligation and requirements for this role. Your choice of caregivers should take into consideration the potential lifespan of your pets.

Primary Caregiver (required)

Address	City	State	Zip
Phone	Cell Phone	Email	

Alternate Caregiver #1 (required)

Address	City	State	Zip
Phone	Cell Phone	Email	

Alternate Caregiver #2

Address	City	State	Zip
Phone	Cell Phone	Email	

Best Friends Animal Society will locate a "backup" caregiver should the above caregivers be unable to care for your pets. This service will require that appropriate funds be available in addition to a \$200.00 processing fee should the service be required. This service also requires that you have listed a minimum of two caregivers.



7. Pet Sitters and Boarding Facilities (optional)

Should your designated caregiver go on vacation or be temporarily unavailable to care for your pets, who do you want to take care of them?

Primary Pet Sitter or Boarding Facility

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Average Daily Charge \$ _____

Alternate Pet Sitter or Boarding Facility

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Average Daily Charge \$ _____

Other

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Average Daily Charge \$ _____

8. Emergency Contact Information (optional)

Emergency contacts might include friends and family members who may not necessarily take care of your pets but would be able to assist in case of an emergency. Emergency contacts should be different than designated caregivers listed in Section 6.

Contact #1

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Contact #2

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Contact #3

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____



9. Trustee Information

Trustees will be responsible for administering the assets you have set aside in your pet trust fund to care for your pets. Trustees will provide annual payments to caregivers as outlined in the PetGuardian Pet Trust document to cover the expenses of caring for your pets. It is recommended that trustees and caregivers not be the same people.

Primary Trustee or Trustee Service (required)

Address	City	State	Zip
Phone	Cell Phone		

Alternate Trustee or Trustee Service (required)

Address	City	State	Zip
Phone	Cell Phone		

Alternate Trustee or Trustee Service

Address	City	State	Zip
Phone	Cell Phone		

I would like to allocate \$ _____ per year to cover expenses for my trustee or trustee service.

10. Pet Trust Fund Information (Optional)

For the benefit of the trustee, please indicate how you plan to fund your pet trust. PetGuardian strongly encourages pet owners to work with an attorney or financial planner to appropriately fund their trusts.

- Bank account
- Tied to will
- Life insurance policy designates trust as beneficiary
- Other. Please explain: _____

11. Remaining Pet Trust Funds

Should my pet(s) die while under the care of a caregiver, I would like my remaining pet trust funds distributed to (percentages must total 100%):

Best Friends Animal Society*	_____%
PetGuardian Goodwill Program*	_____%
Other pet welfare organization _____	_____%
Other beneficiary _____	_____%

*Please refer to www.petguardian.com for information about Best Friends Animal Society and the PetGuardian Goodwill Program.

12. Payment Options

- AmEx Visa MasterCard Check enclosed for \$500.00 made out to PetGuardian

Acct. #	Exp. Date	3-digit security code
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Name on Card	Signature
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Your credit card will be charged \$500.00 upon processing of your PetGuardian Pet Trust Plan.

Promotional or Source Code



Terms of Agreement

By creating a membership account or pet trust application form, or providing any information to PetGuardian, I agree that I have read the following "Terms of Agreement" in its entirety and agree to be bound by the terms set forth below.

1. I understand and agree that PetGuardian is not a law firm, and PetGuardian does not practice law and does not give legal advice. PetGuardian is not an attorney and the employees of PetGuardian are not acting as my attorney. Rather, I am representing myself in this legal matter. By using PetGuardian, no attorney-client relationship will be created with PetGuardian or any of its employees, and, that as a result, any information I provide to PetGuardian will not be subject to the attorney-client privilege.

I understand that no governmental authority has evaluated or approved PetGuardian's knowledge or experience, or the quality of its services. I understand that I may obtain information regarding free or low-cost legal representation through a local bar association or legal aid foundation, and I may also contact local law enforcement, a district attorney or a legal foundation if I believe that I have been a victim of fraud or the unauthorized practice of law.
2. As part of the PetGuardian plan, PetGuardian provides a computerized legal document form. I understand, as the pet owner, that PetGuardian is offering these computerized legal document preparation service tools in order to create my own pet trust form from the information that I provide and therefore it is in my best interests to provide complete and accurate information.
3. I understand that while PetGuardian makes every effort to maintain the forms it provides consistent with current U.S. state laws, PetGuardian cannot guarantee that the forms it provides comply with the laws of any jurisdiction.
4. I understand that PetGuardian will provide me with a draft living trust form that I can present to my estate planning attorney for review and, if appropriate, incorporation into my estate plan documents. I understand that based on the information I provide to PetGuardian, if I want assurance that the trust form is appropriate for my particular situation and complies with the laws of my state, I must consult with my local estate planning attorney.
5. I understand that PetGuardian's review of my answers is limited to completeness, spelling and grammar, as well as internal consistency of names, addresses and the like. I understand that I am solely responsible for the finalization of any document(s) provided by PetGuardian.
6. I understand that PetGuardian may from time to time provide me with information regarding third parties, which are not associated with, related to, or endorsed by PetGuardian. I understand that PetGuardian has not verified the existence of, has not assessed the quality of, and is not responsible for any services, information, or other resources provided by these third parties. I further understand that this information has been supplied only for the purpose of enabling me to do my own research in effectuating an estate plan for my pet, and as such, I understand that PetGuardian recommends that I: a) carefully read the information on any such website; b) directly contact the third party; c) visit the third party's facilities before relying upon any service or resources provided; and d) obtain and ask references about the third party and its reputation.
7. I understand and agree that this form may only be used for my personal use and may not be sold or redistributed without the written consent of PetGuardian. I understand that the use of this form is solely for my own personal use and that I may not sell, copy, distribute, display, publish, or republish this document, whether for free or fee, unless I or the person on whose behalf I am acting pay for each such document or package.
8. I agree that California law shall govern any disputes arising from my use of PetGuardian's products or services or its website, and that the courts of Santa Clara County, State of California, shall have exclusive jurisdiction over any such disputes.
9. I UNDERSTAND THAT PETGUARDIAN ASSUMES NO LIABILITY FOR ANY FORMS OR INFORMATION PROVIDED TO ME AND THAT THE PETGUARDIAN SERVICE AND ALL FORMS AND INFORMATION PROVIDED BY OR THROUGH PETGUARDIAN OR THROUGH USE OF THE PETGUARDIAN WEBSITE ARE PROVIDED "AS IS" WITHOUT ANY WARRANTY OR GUARANTEE OF ANY KIND, WHETHER EXPRESS OR IMPLIED INCLUDING, WITHOUT LIMITATION, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. I UNDERSTAND THAT FORMS SHOULD BE USED STRICTLY AS A GUIDE AND SHOULD BE MODIFIED BY MY ATTORNEY TO MEET THE LAWS OF MY STATE AND THAT MY USE OF THESE FORMS IS AT MY OWN RISK.
10. I UNDERSTAND AND AGREE THAT IN NO EVENT WILL PETGUARDIAN, ITS AGENTS, PARTNERS, AFFILIATES, SUCCESSORS OR ASSIGNS BE RESPONSIBLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL, EXEMPLARY, OR CONSEQUENTIAL DAMAGES HOWEVER CAUSED OR ON ANY THEORY OF LIABILITY, WHETHER IN CONTRACT, STRICT LIABILITY, OR TORT (INCLUDING NEGLIGENCE OR OTHERWISE) ARISING IN ANY WAY OUT OF ANY ERRORS OR OMISSIONS IN THE CONTENT OF ITS WEBSITE OR ANY OTHER LINKED SITES OR THE USE OF ITS WEBSITE OR THE FORMS PROVIDED ON ITS WEBSITE OR ANY INFORMATION OR FORMS OTHERWISE PROVIDED BY PETGUARDIAN, EVEN IF ADVISED IN ADVANCE OF THE POSSIBILITY OF SUCH DAMAGE.
11. I UNDERSTAND AND AGREE THAT IN NO EVENT SHALL PETGUARDIAN'S OR ITS AGENTS', PARTNERS', AFFILIATES', SUCCESSORS' OR ASSIGNS' LIABILITY FOR ANY PRODUCT OR SERVICE PROVIDED BY OR ON BEHALF OF PETGUARDIAN EXCEED THE AMOUNT PAID FOR SUCH PRODUCT OR SERVICE.
12. I understand that PetGuardian may assign this Agreement and any information I have provided to PetGuardian in connection with a sale, merger, or other transfer or disposition of all or substantially all of the assets of PetGuardian or its affiliated entities (including, without limitation, in connection with any bankruptcy or similar proceedings).
13. I understand that PetGuardian will not provide any products or services unless I have signed the Acknowledgement of Terms.