



It's Your Loss Pet Bequeathal Plan

Client Name(s):

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Pet #1 Information:

Pet Name:	
Pet Species:	
Pet DOB (at least the Year):	
Pet to be Adopted By (Name):	
Adopter's Contact Info:	
Has This Adopter Consented to the Adoption?	
Will there be Monies Allotted for this Pet's Care?**	
If so, how much?	
Vet Name/Contact Info:	
Pet's Diet:	
Pet's Medications:	
Approximate Annual Cost of Care:	
Additional Instructions with Regards to Pet's Care:	

**Note: Monies allotted for pet care may be designated in relation to a pet's age. For instance, "\$1000/year from year of client's death through the year 2024, regardless of the actual date of pet's passing".