



KMV and Friends Pet Sitting

Your pet's other best friend

Pet Guardianship

In the unfortunate event that something happens to you, please name who should be contacted to take over the care of your pet(s).

Please be sure the named person(s) is aware that you are appointing them as guardian(s) of your pet(s).

In the event of an emergency, which incapacitates me, I authorize KMV and Friends Pet Sitting to turn my pet(s) over to:

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship: _____

Pet Owner Signature

Date

Pet Owner Signature

Date