

PET TRUST QUESTIONNAIRE INSTRUCTIONS

INSTRUCTIONS



Please take 10-15 minutes to fill out this questionnaire. There is no need to enter personal information, such as addresses, more than once; you can simply list the name if the information is the same. If your spouse is also making a pet trust, have him/her complete a questionnaire as well.

We just need general information on the assets. We do not need exact balances. You should not have to pull a financial statement or look at a bank account to answer any of these questions.

When you have completed the questionnaire, please email, fax, or mail to our office. Once we have reviewed your information we will call you with our recommendations that would most benefit you and your pet(s).

We will then prepare the documents you have decided upon and schedule an appointment for you to come into our office. Should you have any questions about the questionnaire, please do not hesitate to contact our office.

The information requested will be used to assist us in preparing documents that will best meet your goals.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.



Apple Law Firm PLLC
www.jacksonvillelawyer.pro

Jacksonville Office
3733 University Blvd. W. | Suite 212B | Jacksonville, FL 32217
Tel: (904) 685-1200 | Fax: (904) 875-4081

Jacksonville Beach Office
324 6th Ave N. | Jacksonville Beach, FL 32250
Tel: (904) 425-1910 | Fax: (904) 875-4081

CONFIDENTIAL CLIENT WORKSHEET
FOR PET & ESTATE PLANNING PURPOSES

By completing this questionnaire and bringing the documents identified below to your initial consultation, you can help ensure that our time together is productive and that our planning recommendations are appropriate for you and your pet(s). As you answer questions, attach additional sheets and explanations as necessary. Note: Not all of the questions will apply to your unique circumstances.

Legal Names: When you list the name of the person or entity, whether of children, grandchildren, and of all persons that you would name as pet guardians, beneficiaries, trustees, etc., please supply the full legal name, address and telephone number, if available.

I. PET OWNER INFORMATION: Your information.

OWNER _____
Home phone _____ Work Phone _____ Cell Phone _____
Address: _____
Email: _____

II. PET INFORMATION: Fill one out for EACH PET you plan to INCLUDE IN YOUR PET TRUST:

A. Name: _____
Nickname: _____ Male [] Female []
Breed: _____ or Mix of _____
Color(s): _____
Date of Birth: _____
Date of Adoption/Purchase: _____
Adopted/Purchased From: _____

B. Name: _____
Nickname: _____ Male [] Female []
Breed: _____ or Mix of _____
Color(s): _____
Date of Birth: _____
Date of Adoption/Purchase: _____
Adopted/Purchased From: _____

C. Name: _____
Nickname: _____ Male [] Female []
Breed: _____ or Mix of _____
Color(s): _____
Date of Birth: _____
Date of Adoption/Purchase: _____
Adopted/Purchased From: _____

NOTE: If you have more than three pets you would like to include in your pet trust, please copy this page, fill it out for your other pets, and attach it to this document.

Please Complete Reverse →

III. PET GAURDIAN: Who will care for your pets if you can't? If different pets go to different pet guardians, please note which to whom under "other info," and the second choice for each.

First Choice: _____
Home phone _____ Work Phone _____ Cell Phone _____
Address: _____
Email: _____
Other Info: _____

Second Choice: _____
Home phone _____ Work Phone _____ Cell Phone _____
Address: _____
Email: _____
Other Info: _____

Pet Guardian(s) Shall Report To:

- Trustee _____ monthly/quarterly/yearly
- Other _____ monthly/quarterly/yearly

IV. TRUSTEE: The Trustee is the one who passes the pets to the Pet Guardian. The Trustee can be in charge of dispensing funds to the Pet Guardian for your pet's care.

First Choice: _____
Home phone _____ Work Phone _____ Cell Phone _____
Address: _____
Email: _____
Other Info: _____

Second Choice: _____
Home phone _____ Work Phone _____ Cell Phone _____
Address: _____
Email: _____
Other Info: _____

Trustee Duties: i.e. release \$300/month to pet guardian plus any veterinary costs _____

V. IF YOU ARE UNABLE TO CARE FOR YOUR PETS: How much would you like to set aside for the care of your pets?

Amount: _____

Where Shall the Funds Come From?

- Bank Account _____
- Life Insurance Policy _____
- Other _____



Emergency Bank Account: An account with easy access so that the funds can be withdrawn without delay.

Amount: _____

Account Name: _____

Address: _____

VI. BENEFICIARIES: The Beneficiaries receive the funds from the trust upon termination of the trust or your Pets death.

First Beneficiary: _____

Home phone _____ Work Phone _____ Cell Phone _____

Address: _____

Email: _____

Specific amount or percent of trust's funds: _____

Second Beneficiary: _____

Home phone _____ Work Phone _____ Cell Phone _____

Address: _____

Email: _____

Specific amount or percent of trust's funds: _____

Third Beneficiary: _____

Home phone _____ Work Phone _____ Cell Phone _____

Address: _____

Email: _____

Specific amount or percent of trust's funds: _____

VII. SPECIAL INSTRUCTIONS

1. Does your pet need a kennel in his home? Yes No

2. What food and treats does your pet prefer and how much?

3. Where does your pet like to go?

4. Is there a particular time and/or place your pet likes to be walked?

5. What does your pet like to play with? How does your pet play?

6. What animals does your pet get along with and/or not get along with?

7. What does your pet fear if anything?



8. Does your pet have a microchip? Yes No

Company Name and ID# _____

Phone: _____

9. Pet Owner's Move to a Facility: Specific instructions about you, moving to a Nursing Home or similar facility. I.e. "If I must be in a nursing home, then I only want to be in one that permits my pets to stay with me."

10. Euthanasia: What are your instructions about euthanasia? Pets may not be euthanized unless their quality of life is compromised.

11. Burial or Cremation: Do you want your pet to be: Buried Cremated

Please describe where and how: _____

VIII. PET'S MEDICAL REQUIREMENTS

Veterinarian's Name: _____

Phone: _____ Email: _____

Address: _____

Animal Hospital's Name: _____

Phone: _____ Email: _____

Address: _____

How often should your pet see a veterinarian? _____

Please Describe Any Special Medical or Other Needs: _____

IX. COMMUNITY OF CARE

Groomer's Name: _____

Phone: _____ Email: _____

Address: _____

Walker's Name: _____

Phone: _____ Email: _____

Address: _____

Sitter and/or Boarding Name: _____

Phone: _____ Email: _____

Address: _____



