

# ***PET PROTECTION AGREEMENT®***

***John Doe***  
***"Pet Owner"***

**AND**

***Jane Doe***  
***"Pet-Guardian"***

**WHEREAS**, it is understood that the Pet Owner has great affection for his or her beloved pets;

**WHEREAS**, the parties have established this Pet Protection Agreement® (the "Agreement") for the benefit of his or her pets;

**WHEREAS**, the Agreement provides the wherewithal to ensure the care and comfort of these pets, pursuant to the terms set forth herein; and

**WHEREAS**, these pets must always be treated as companion animals for the duration of their lives.

**NOW, THEREFORE**, for TEN DOLLARS (\$10.00) and/or other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to enforce the Agreement at the earlier of the Pet Owner's death or inability to care for the pets.

Pet Protection Agreement® and Love Continues® are trademarks of Pet Protection Agreement, LLC.

# PET OWNER AND PET-GUARDIAN

## Pet Owner

The name of the Pet Owner is:

Name: John Doe  
Address: 100 Main Street  
Anytown, Maryland 12345  
Telephone: (800) 555-1234 (home)  
(800) 555-1234 (work)  
(800) 555-1234 (mobile)  
Fax: (800) 555-1234  
Email: john@legalzoomsample.com

## Pet-Guardian

The Pet-Guardian will keep the pets and be responsible for their care and well-being if the Pet Owner is unable to care for them.

The Pet Owner appoints the following person to be the Pet-Guardian, and the Pet-Guardian accepts the appointment:

Name: Jane Doe  
Address: 100 Main Street  
Anytown, Maryland 12345  
Phone: (800) 555-1234  
Alt. Phone: (800) 555-1234  
Email: jane@legalzoomsample.com

At the earlier of the Pet Owner's death or inability to care for the pets, the Pet-Guardian shall have the power and obligation to:

- (a) Care for the pets and use his or her best judgment in good faith to carry forth the Pet Owner's intentions;
- (b) Follow the instructions in the Agreement;
- (c) Access and expend the Funds set forth in the Agreement for the care, safety and maintenance of the pets;
- (d) Prepare new Agreements that contain terms similar to this Agreement;
- (e) Prepare a pet trust to expand the essence of this Agreement to the extent that this Agreement is silent on an issue, and
- (f) Place the pets with temporary or permanent Pet-Guardians if appropriate.

**[This section appears if you nominate a successor Pet-Guardian.]**

### **Successor Pet-Guardian**

If at any time the first choice for Pet-Guardian is unable or unwilling to care for the pets then the Successor Pet-Guardian will become the Pet-Guardian.

The Pet Owner appoints the following person to be the Pet-Guardian if the Pet-Guardian named above is unable or unwilling to care for the pets.

#### **Successor Pet-Guardian:**

Name: Ann Doe  
Address: 100 Main Street  
Anytown, Maryland 12345  
Phone: (800) 555-1234  
Alt. Phone: (800) 555-1234  
Email: annsmith@legalzoomsample.com

**[This section appears if you nominate a second successor Pet-Guardian.]**

If neither the Pet-Guardian nor the Successor Pet-Guardian named above are able or willing to care for the pets, the Pet Owner appoints the following organization to be the Pet-Guardian.

**Second Successor Pet-Guardian:**

Name: XYZ Pet Sanctuary  
Address: 100 Main Street  
Anytown, Maryland 12345  
Phone: (800) 555-1234  
Alt. Phone: (800) 555-1234  
Email: xyzpets@legalzoomsample.com

**[This section appears if you name an Organization of Last Resort to care for your pet(s) if none of the Pet-Guardians named above are able to act as Guardian.]**

**Organization of Last Resort**

If none of the Pet-Guardians are willing or able to care for the pets, then the pets should be delivered to the following shelter or organization for continuing care.

Name: XYZ Pet Haven  
Address: 100 Main Street  
Anytown, Maryland 12345  
Phone: 555-555-5555

## MY PETS

The Pet Owner instructs, and the Pet-Guardian agrees, that the pets must be cared for and supported in a fashion that the Pet Owner has directed and instructed in this Agreement, and which is commensurate with the lifestyle to which the pets have become accustomed and for which funds have been provided, and which ensures that the pets will be well fed, well groomed and well cared for.

The Pet-Guardian must return all pets to the Pet Owner upon request.

This Agreement is for *all* the Pet Owner's pets now and in the future, unless a pet is listed and specifically covered by a separate Agreement, and will start when the Pet Owner is unable to care for the pets.

### Pet #1

Pet's Name: Rover  
Type of Animal: Dog  
Gender: Male  
Physical Characteristics: Rover is 5 years old and weighs approximately 12 pounds. He is a Jack Russell Terrier mix with the primary color of white. He has bright brown eyes and has a brown spot over his left eye and a large spot on his back.  
Care Instructions: We have been feeding Rover XYZ Food for Dogs and always have bowls of fresh water available.

### Pet #2

Pet's Name: Spot  
Type of Animal: Bird  
Gender: Female  
Physical Characteristics: Spot is about 10 years old. She is a beautiful yellow canary with a grey spot on the back of her head.  
Care Instructions: Fresh seeds daily and change water twice a day. Routinely take the Spot and cage outside to enjoy some

fresh air and sun. Spray him with a fine mist of cool water in the hot summer months.

**[This section appears if you choose to leave Funds for the care of your pet(s).]**

## FUNDS

The amount of Funds for the pets care shall be \$20,000.00 dollars. The Funds will be coming from the following sources:

Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
\_\_\_\_\_  
(Initial)

Brokerage Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
\_\_\_\_\_  
(Initial)

Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
\_\_\_\_\_  
(Initial)

Other Funds: Value of Home \_\_\_\_\_  
\_\_\_\_\_  
(Initial)

Other Funds: \_\_\_\_\_  
\_\_\_\_\_  
(Initial)

The Funds for the care of the pets shall be funded at the earlier of the Pet Owner's death or inability to care for the pets.

If the Funds consist of property, at the earlier of the Pet Owner's death or inability to care for the pets, such property shall either be used for the care of the pets or sold. The sale or liquidation of property is authorized if the proceeds are used for the care of the pets and other purposes authorized by this Agreement.

**[This section appears if you decide to compensate your Pet-Guardian.]**

Compensation for the Pet-Guardian shall be \$100.00 dollars paid once a month. This compensation shall come from the Funds left by the Pet Owner.

**[This section appears if you decide to donate to the Organization of Last Resort.]**

If the pets are delivered to the Organization of Last Resort because no Pet Guardian is able or willing to serve, and such shelter or organization accepts the pets, then a donation in the amount of \$2,500.00 dollars shall be made to such Organization of Last Resort from the Funds.

**[This section appears if you select someone to manage the Funds you leave for the care of your pet(s).]**

## **Distribution Representative**

The Distribution Representative will hold the Funds used to care for the pets and disburse the Funds to the Pet-Guardian as he or she deems appropriate. : The Distribution Representative must use his or her best judgment in good faith to carry forth the Pet Owner's intentions and follow the instructions in the Agreement. The pets must be cared for and supported in a fashion that the Pet Owner has directed and instructed in this Agreement, and which is commensurate with the lifestyle to which the pets have become accustomed and for which funds have been provided, and which ensures that the pets will be well fed, well groomed and well cared for.

Funds cannot be co-mingled. Upon receiving the Funds, the Distribution Representative must notify the Pet-Guardian and the Beneficiaries set forth below immediately and account to the Pet-Guardian annually.

The Pet Owner appoints the following person to be the Distribution Representative:

**Distribution Representative**

Name: Gail Smith  
Address: 100 Main Street  
Anytown, Maryland 12345  
Phone: (800) 555-1234  
Email: gail@legalzoomsample.com

**[This section appears if you decide to compensate your Distribution Representative.]**

Compensation for the Distribution Representative shall be \$500.00 dollars paid once a year. This compensation shall come from the Funds left by the Pet Owner.

**[This selection appears if you selected to have a Successor Distribution Representative.]**

If the Distribution Representative named above is unable or unwilling to handle the Funds, the Pet Owner appoints the following organization to be the Distribution Representative:

**Successor Distribution Representative:**

Name: XYZ Pet Funds  
Address: 100 Main Street  
Anytown, Maryland 12345  
Phone: (800) 555-1234  
Email: xyzpetfunds@legalzoomsample.com



[This section appears if you decide to leave Funds.]

### **Beneficiaries**

Upon the death of all pets, all remaining Funds shall be given to the following places and/or people.

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Name: Edward Smith  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Percentage: 50%

Name: Ann Doe  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Percentage: 25%

Name: Charles Smith  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Percentage: 25%

[This section varies based upon the information you provide for health care for your pet(s).]

## MEDICAL

The pet's veterinarians are as follows:

Doctor's Name: Dr. Helen Smith  
Hospital Name: XYZ Animal Hospital  
Address: 100 Main Street  
Anytown, Maryland 12345

Doctor's Name: Dr. Edward Smith

Hospital Name: XYZ Veterinary  
Address: 100 Main Street  
Anytown, Maryland 12345

**[This section varies based upon your decisions regarding your pet's remains.]**

### **Burial, Memorial, Cremation**

The Pet Owner directs that the remains of the pets be (buried/cremated).

The Pet Owner further directs the following:  
Bury my pets on the family property.

**[This section will vary depending on whether you agree to the use of Euthanasia with your pets, (yes/no).]**

### **Euthanasia**

[For reasons of health and quality of life only, the Pet Owner supports euthanasia when conditions warrant.] [The Pet Owner does not support euthanasia, and the Pet-Guardian is authorized to use extraordinary measures to keep the pets alive.]

[This section varies based upon the information you provide for the care of your pet(s).]

## COMMUNITY OF CARE

The pets have a relationship with the people that the Pet Owner has chosen to care for them. This is their community of care.

Service: Walker  
Name: Bob Smith  
Address: 100 Main Street  
Anytown, Maryland 12345  
Phone: (800) 555-1234  
Other Contact: bob@legalzoomsample.com

Service: Groomer  
Name: David Smith  
Address: 100 Main Street  
Anytown, Maryland 12345  
Phone: (800) 555-1234  
Other Contact: david@legalzoomsample.com

## GENERAL PROVISIONS

Commencement, Interpretation. The Agreement shall commence at the earlier of Pet Owner's death or inability to care for Pet Owner's pets. This Agreement may be construed to create a trust relationship between the Pet Owner and the Pet-Guardian and, if applicable, the Distribution Representative.

Payments. The Pet Owner authorizes payment of fees to appointed and suggested people and organizations. If there are insufficient Funds for such people and organizations' fees, then these fees shall come from the Estate. The obligation to transfer Funds for the care of pets shall be binding upon Pet Owner's and Pet-Guardian's heirs, successors, assigns, personal representatives, executors, agents, and trustees. This shall constitute a claim against the Pet Owner's estate and the Pet-Guardian's estate.

Governing Law. The Agreement shall be governed by and construed according to the law of the Pet Owner's home state at the time the Agreement was entered into and the courts of the state shall have the jurisdiction over any dispute arising hereunder.

Headings. The headings in the Agreement are for convenience only and are not a part of the Agreement.

Termination. The Agreement shall not be terminated until the death of all the pets owned by Pet Owner and any pets in gestation at the time of Pet Owner's inability to care for pets or Pet Owner's death.

Binding Agreement. The obligation to care for the pets in accordance with the Pet Owner's instructions herein shall be binding upon the Pet Owner and Pet-Guardian's successors, assigns and agents. The Pet-Guardian shall not transfer the pets to any third party unless such party agrees to care for the pets in accordance with the Pet Owner's instructions.

Copies. A signed copy of this document is valid and will have the same force and effect as the original.

No Contravention. No Pet-Guardian or Distribution Representative shall have the right to act in contravention of the terms of the Agreement (such as assigning to someone other than the Successor Pet-Guardian and/or Distribution Representative), unless in emergency situations and then only if in the Pets' best interest.

Notices. Notices sent to any party named in the Agreement shall be sent to the address set forth herein.

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[This will appear if you select 'yes' for a Limited Power of Attorney and you are leaving Funds.]

## LIMITED DURABLE POWER OF ATTORNEY

I, John Doe, do hereby appoint Jane Doe as my agent and attorney-in-fact for the purposes indicated below. Should the above-named agent be unavailable or unable to serve, I appoint Ann Doe as successor agent and attorney-in-fact. If Ann Doe is unavailable or unable to serve, I appoint XYZ Pet Sanctuary as my second successor agent and attorney-in-fact.

This Power of Attorney shall become effective in the event that I am unable, for any reason, to care for my pets. At such time that I am able to care for the pets, I may reclaim my pets.

This Power of Attorney is limited to my agent acting in my name, place and stead in any way which I myself could do if I were personally present with respect to the following matters, to the extent that I am permitted to act through an agent:

- (a) Follow the instructions in the Agreement.
- (b) Access medical records to prove temporary or permanent inability to care for my pets.
- (c) Access and expend the Funds set forth in the Agreement for the care, safety and maintenance of all my pets.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any similar state laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of taking care of my pets and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my agent any pertinent individually identifiable health information sufficient to determine whether I am by reason of illness or mental or physical disability incapacitated or incapable of taking care of my pets. In exercising such authority, my agent shall constitute my 'Personal Representative' as defined by HIPAA.

This instrument is intended to constitute and be interpreted as a general durable power of attorney pursuant to the law of my home state and shall not be affected by my disability except as provided by law.

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## SIGNATURES

IN WITNESS WHEREOF, the undersigned declares that he or she signs and executes this instrument on the date written below and further declares that he or she executes the same in his or her authorized capacity, signs it willingly for the purposes expressed in this document and that he or she is eighteen years of age or older, of sound mind and under no constraint or undue influence.

**Pet Owner SIGNED AND AGREED TO:**

\_\_\_\_\_  
*Signature of John Doe*

**Date:** \_\_\_\_\_

**Thank you for loving your pets. *Love Continues*®!**

You can add photos of your pets in the space below.

## Witnesses

This Agreement, was signed, executed and declared by John Doe as his or her Agreement in the presence of each of us. We, in the presence of the above-named Pet Owner and each other, under penalty of perjury, hereby subscribe our names as witnesses to the execution of the Agreement by the Pet Owner, and we declare that, to the best of our knowledge, said Pet Owner is eighteen years of age or older, of sound mind and under no constraint or undue influence.

**Witness Signature:** \_\_\_\_\_

Witness Print Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

Witness Print Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

**Notary Acknowledgement of Pet Owner's Signature:**

STATE OF MARYLAND

COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, 20 \_\_\_\_ before me, the undersigned Notary Public, personally appeared John Doe, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she or he executed the same in his or her authorized capacity, and that by his or her signature, the person executed the instrument.

WITNESS my hand and official seal.

Notary \_\_\_\_\_

**Pet-Guardian's Signature:**

I have read the foregoing Agreement. I am the person identified as the Pet-Guardian and the agent or attorney-in-fact in the Power of Attorney provisions, and I acknowledge and agree to my legal responsibilities and duties. By accepting or acting under the appointment as an agent through the Power of Attorney, I assume the fiduciary and other legal responsibilities and liabilities of an agent.

\_\_\_\_\_  
*Signature of Jane Doe*

**Date:** \_\_\_\_\_

**[This section appears if you name a Distribution Representative]**

**Distribution Representative's Signature:**

I have read the foregoing Agreement. I am the person identified as the Distribution Representative, and I acknowledge and agree to my legal responsibilities and duties.

\_\_\_\_\_  
*Signature of Gail Smith*

**Date:** \_\_\_\_\_

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