BONE VOYAGE

My Dog's Backup Plan

Dog-Care Profile

Type on a computer, or print it and fill it in by hand.

bonevoyagedogrescue.com/my-dogs-backup-plan/

Before you begin: preparation only, not legal advice

- **Preparation only.** This profile is for a trusted backup person you already know: a family member, friend, or neighbor.
- **It does not arrange, match, or guarantee a backup adopter.** Bone Voyage is not taking custody of your dog and is not acting as a rescue.
- **Not legal or veterinary advice.** Any pointers to pet trusts, wills, or care funds are organizational reminders only. Ask your own attorney and veterinarian.
- **Private by design.** Bone Voyage never collects or stores what you write in this profile. Everything stays with you and the people you share it with.

This profile belongs to (owner's name) | **Owner's phone** | **Date last updated**

1. Dog basics

Works for a dog of any age, from a young pup to a gray-muzzled senior.

Dog's name | **Nicknames or names they answer to** | **Weight**

Breed or mix | **Age or date of birth** | **Coat color and markings**

Sex: ☐ Female ☐ Male **Spayed or neutered:** ☐ Yes ☐ No ☐ Not sure

Microchip number | **Microchip registry** | **Rabies or license tag #** | **Tag expires**

2. Daily routine, feeding, and walks

Wake-up time | **Bedtime** | **Favorite resting and sleep spots**

Food brand and formula | **Portion per meal** | **Feeding times**

Safe treats | **Foods to avoid** (allergies, house rules)

Feeding quirks, bowls, and how food is served

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2. Daily routine, feeding, and walks (continued)

Walk and potty schedule

Leash, harness, and mobility notes

3. Veterinary and clinic contacts

Primary clinic name

Preferred veterinarian

Clinic phone

Clinic address

Patient or account note

24-hour emergency vet hospital

Emergency phone

Emergency hospital address

Pet insurance company (if any)

Policy number

Claims phone

4. Medications and supplements

List everything given regularly, including supplements and monthly preventives.

Medication or supplement	Dose and strength	Timing / with food?	Purpose	Prescribing vet and refill / pharmacy

Copy doses exactly from the pharmacy label. Never change a dose without your veterinarian, and keep this list next to the medicines themselves.

5. Medical history, vaccines, and allergies

Allergies (food, drug, environment)

Conditions or sensory loss (hearing, vision, arthritis)

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Dog's name:

5. Medical history, vaccines, and allergies (continued)

Past surgeries and dates

Core vaccines and dates given

Heartworm, flea, and tick preventive

Monthly due date

6. Behavior, comfort, and favorite things

Fears or triggers (storms, strangers)

Calming rituals that help

With other dogs

With cats

With children

Cues and commands they know

Favorite toys, games, and spots

7. Immediate emergency contacts

People who can reach your dog quickly, before your backup caregiver arrives.

Local key-holder or neighbor | **Phone** | **Has a key? Notes**

Nearby family member or friend | **Phone** | **Has a key? Notes**

Regular dog walker or pet sitter | **Phone** | **Has a key? Notes**

8. Designated backup caregiver and alternate (someone you already know)

A person you already know who has said yes, plus a second person in case the first cannot step in.

PRIMARY DESIGNATED PERSON

Full name | **Relationship to you** | **Phone**

Email | **Address**

Date discussed and confirmed

Has met my dog: ☐ Yes ☐ No

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Dog's name:

8. Designated backup caregiver and alternate (someone you already know) (continued)

ALTERNATE DESIGNATED PERSON

Full name

Relationship to you

Phone

Email

Address

Date discussed and confirmed

Has met my dog: ☐ Yes ☐ No

Personal care acknowledgment. We have talked about this dog's care and agree, as people who know each other, that the designated caregiver will step in if the owner cannot care for the dog. This is a personal understanding between family and friends. It is **not a legal contract**, it was **not arranged by Bone Voyage**, and Bone Voyage is not a party to it. For anything legally binding, such as a will or pet trust, please talk with your own attorney.

Owner (printed name) | **Signature** | **Date**

Primary caregiver (printed name) | **Signature** | **Date**

Alternate caregiver (printed name) | **Signature** | **Date**

9. Where important documents and care pointers are kept

Organizational pointer only, not legal advice. Write where things are, never account passwords.

Dog-care binder or folder location

Spare key holder or home access

Vet records location

Microchip card or login location

Where my will, pet trust, or care-fund instructions are kept (organizational pointer only, not legal advice)

Keep it where it will be found. Put one printed copy on the fridge or in an entry binder, give one to your designated person, and save a digital copy. Review it every few months and whenever a medication, vet, or phone number changes.

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