Advance Health and Final Care Directive for My Boykin Spaniel(s)

In the event of my death, or in the incapacity to act I would like for the following plan for the care and safety of my Boykin Spaniel(s) to be implemented.

Pet's Name:	Age	e:	Gender:
Pet's Name:	Age	e:	Gender:
Pet's Name:	Age	e:	Gender:
Pet's Name:	Age	e:	Gender:
I would like for my Boykin Spaniel(s) to be:			
Placed with family and friends, as listed below. Each person has been provided a copy of this document.			
Name: Address:	Phone Number:	F	Relationship:
Name: Address:	Phone Number:	F	Relationship:
Name: Address:	Phone Number:	F	Relationship:
If for any reason, the above-mentioned family and friends cannot take my Boykin Spaniel(s), the dog(s) are to be placed with Boykin Spaniel Rescue, Inc. In understand that Boykin Spaniel Rescue, Inc. is a 501(c)(3) non-profit, which is dedicated to the rescue, rehabilitation and rehoming of at-risk Boykin Spaniels. As such, Boykin Spaniel Rescue, Inc. will evaluate my dog(s) medically and for temperament and will place the dog(s), as appropriate, at their discretion.			
Boykin Spaniel Rescue, Inc. will take any purebred Boykin Spaniel, whether adopted from them or not. Contact information for Boykin Spaniel Rescue, Inc. can be found at www.boykinspanielrescue.org . I have emailed Boykin Spaniel Rescue, Inc. a copy of this document, at boykinspanielrescue@gmail.com , for their files.			
Veterinarian Name: Address:	Phone Num	nber:	
My veterinarian has been provided a copy of this document to be placed in my dog(s)' record(s).			
Pet Owner Signature	Witness Sig	nature	
Pet Owner Name:	Witness Name:		
Date:	Date:		