## Best Practices – Helping Dog Owners to Minimize Risk through Advance Preparation

Dog owners may become 'at risk' suddenly, or over time. Risk can be minimized by advance preparation. Below are some actions and suggestions to share with club members, and your dog community. A list of resources is provided for additional information.

Asking for help is hard. Asking for help when help is needed most is especially hard.

People reach out to those they know and can trust. The first step is to build trust by showing members and other dog people how they can help themselves. This is done by offering information and resources in a friendly, proactive, neutral way, discussing solutions and formulating plans by which clubs, or groups of individuals can offer assistance.

#### **NOTES:**

- 1) Although attorneys have made input to this document the information below is not legal advice.
- 2) Unless otherwise labeled, suggestions below or in the resources provided are not official AKC documents or guidance and do not substitute for any documentation required by AKC Compliance and Inspections and/or USDA, do not substitute for an individual's personal responsibility and adherence to local laws and do not provide mitigation for any well-planned ACO action.

## STEP ONE – Building Trust

**AB/local/parent clubs:** Offer a newsletter item or meeting presentation to open the subject. **This is best done by a legal professional.** Expect the presentation to cover Durable Powers of Attorney, Pet Trusts how to choose a temporary custodian and/or trustee, and financial considerations with regard to pet care. Attorneys in the Delegate body who might be able to refer you to a resource in your state.

Follow up the presentation with discussions of quick things club members can do that will facilitate care for dogs in the immediate and/or short term. Attempt to make the discussion focused on solutions not past bad situations.

### Initial positive actions club members and dog owners can do for themselves.

- Put pet emergency contact information on the cell phone. This website covers multiple ways. https://ktla.com/2017/03/10/how-to-put-emergency-contact-info-on-your-phones-lock-screen/
- Carry a wallet card with the contact information for the dogs' emergency custodians. Put a copy of the card in with vehicle registration information. Other members of the household should have cards as well.

Clubs could make cards to distribute at events as public outreach. As feasible include the club logo on the card.

PETS	AT HOME NEED ATTENTION
who are authorized	please contact at least one of the following to take custody and care for my pet(s) as Provide the contacts with information about nd condition.
Name	
Name	Phone
Name	Phone

Whose names should be on the card? Two or more responsible individuals in the local area who are comfortable with the dogs and have agreed to serve as temporary emergency custodians for the animals. For AB, or local specialty clubs, suggest one of the contacts be a club member who could coordinate club assistance. Any co-owner should also be named as contact. As feasible, name local club members and co-owners first, as family members may also be affected, or occupied with caring for the dog owner. As feasible the club should keep a listing of members and their designated emergency contacts. If the club requires membership rosters to be updated regularly, updates to the contacts should be included.

- The responsible individuals should have: 1) keys to the home and kennel where the dogs are housed, 2) your veterinarian's contact information, and information provided by you regarding permanent care of the animals.
- Make sure neighbors, friends, and relatives know the names and contact numbers of the individuals who have agreed to be emergency custodians. Emergency custodians should also know how to contact each other.
- Outside the home and any kennel building (as feasible) post "In Case of Emergency" signs on doors or windows with the number and type of animals inside. These signs will alert emergency responders during a fire or other emergency.
- Inside the home and any kennel building post a listing of the emergency contacts. Inside the home attach a pet emergency packet to the refrigerator, or other prominent location. A copy of a Pet Care Durable Power of Attorney and/or Pet Trust document (if in place) should be included. Sample packet at http://www.2ndchance4pets.org/2nd%20Chance%204%20Pets%20Nov%202008%20Newsletter.pdf

**A NOTE FOR BREEDERS:** Many contracts require the dog to be returned to the breeder if the owner is no longer able to take care of it. Consider providing puppy buyers with a partially filled in wallet card, designating the breeder as one of the emergency contacts. Provide buyers with other information on Pet Emergency Packets, Durable Power of Attorney and/or Pet Trusts.

### STEP TWO – Creating documentation

As noted in step one, a Durable Power of Attorney (DPOA) is a good document to provide for temporary care. Again, a presentation by a local attorney, or even additional discussion may help club members become comfortable in planning for their dogs and become more open to understanding how the club members can assist.

Below is **basic** information which would be included in Pet Care Durable Power of Attorney (DPOA). The DPOA is only applicable while the **owner** is alive, but unable to care for animals. **NOTE:** As state laws differ, this most probably needs the assistance of an attorney in your state. There are a few online legal sites which offer services either as online fill-in, or which offer more personal services online. The actual form may have different names dependent on the state, but for temporary care and custody, an agreement would cover the following items to include, but (depending on state), not be limited to:

- pet owner's name, address, phone
- name(s) of persons to receive and/or take custody of animals
- listing of pet or pets, name, breed, age, sex, color, microchip #, and/or other identifying feature
- authority: statement of what the custodian is authorized to do (example: to remove the pets from the property or location as needed and to do all that is necessary or desirable for maintaining the health and well-being of my animals.)
- timing when the DPOA goes in to effect and when it may be rescinded: (example: at such time as pet owner may direct, at such time as pet owner is incapacitated, hospitalized, otherwise unable to

- care for pets, or upon death and may cease at such time as pet owner is able to resume care and custody of pets, or such time as permanent provisions are put into effect as outlined in the owner's will and/or trust document.
- additional details, (as required by state or as appropriate, such as language to): 1) authorize the custodian(s) to approve any and all medical treatment deemed necessary by a duly licensed veterinarian and to execute any consent, release or waiver of liability required by authorities incident to this release and to the provision of medical, surgical or other essential care to my dog(s) by qualified veterinary medical personnel and 2) to outline financial arrangements, such as a access to a previously arranged credit with veterinarian, a statement as to reimbursement for custodians expenses, or access to a prepaid credit card for the purpose of pet care, etc.

Note: 1) Once signed and properly witnessed and/or notarized, the following should have copies of the DPOA: the named custodians, your veterinarian, members of the owner's household or immediate family. Keep one copy readily accessible at home or kennel, in an emergency packet. 2) The DPOA does NOT authorized the custodian to sign AKC documents on behalf of the dog owner. See **AKC Incapacitation Authorization Notice** http://images.akc.org/pdf/ASCU02.pdf (attached)

### **STEP THREE - Formalized documentation**

The more formalized and best way to make sure dogs are cared for permanently should the owner become seriously ill is to make formal arrangements ahead of time for a Pet Trust or in case of death, make provisions in a Will. It is important to seek advice from an attorney or professional who can help ensure that everything is in order to protect the dogs' future. Such documents would also include provision of funds for the dogs' care. Note: Please review **AKC Procedures for Registration Matters**<a href="https://images.akc.org/pdf/rulebooks/RREGS2.pdf">https://images.akc.org/pdf/rulebooks/RREGS2.pdf</a> (attached) and the **AKC Statement of Legal Rights** document <a href="http://images.akc.org/pdf/ASCU03.pdf">https://images.akc.org/pdf/ASCU03.pdf</a> for details on AKC procedures and documents required when dealing with dogs of deceased owners (attached).

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Other references and websites to share with club members:

Michigan State University, Animal Legal and Historical Center – Pet Trust Laws <a href="https://www.animallaw.info/article/brief-overview-pet-trust-laws">https://www.animallaw.info/article/brief-overview-pet-trust-laws</a>

Prepare a Care Plan for your Dogs in the COVID-19 Age

https://www.akc.org/expert-advice/home-living/prepare-care-plan-dogs-covid-19-age/

AVMA Pet trusts: Caring for a pet that outlives its owner

https://www.avma.org/advocacy/state-local-issues/pet-trusts-caring-pet-outlives-its-owner

National Law Review - Securing Your Pet's Future with Estate Planning

https://www.natlawreview.com/article/securing-your-pet-s-future-estate-planning

Estate Planning for Breeders http://images.akc.org/enewsletter/akc breeder/2014/02 estate planning.pdf

### **AKC Canine Health Foundation Pet Trusts**

https://www.akcchf.org/how-to-help/donate/planned-giving/pet-trusts.html\*

\* Language provides for any residual funding to go to a non-profit and is offered only as example of proper language.





# Incapacitation Authorization Notice



Use this form to obtain authorization to sign on behalf of an incapacitated person. **Detailed requirements and instructions are at the bottom of this form.** Please use black ink and capital letters to fill in the boxes. Information you omit or print outside of the boxes will delay processing.

| Information about the Incapacitated Person        |                                                                                                                                   |  |  |  |  |  |  |  |  |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| I, being duly sworn depose and say: The person na | amed below is unable to sign AKC <sup>®</sup> applications.                                                                       |  |  |  |  |  |  |  |  |
|                                                   |                                                                                                                                   |  |  |  |  |  |  |  |  |
| Incapacitated Person's First Name                 | Incapacitated Person's Last Name                                                                                                  |  |  |  |  |  |  |  |  |
|                                                   |                                                                                                                                   |  |  |  |  |  |  |  |  |
| Street Address                                    |                                                                                                                                   |  |  |  |  |  |  |  |  |
|                                                   |                                                                                                                                   |  |  |  |  |  |  |  |  |
| City                                              | State ZIP code + 4                                                                                                                |  |  |  |  |  |  |  |  |
| Information about the Person Authorized to        | Sign for the Incapacitated Person Named Above                                                                                     |  |  |  |  |  |  |  |  |
|                                                   |                                                                                                                                   |  |  |  |  |  |  |  |  |
| First Name                                        | Last Name                                                                                                                         |  |  |  |  |  |  |  |  |
|                                                   |                                                                                                                                   |  |  |  |  |  |  |  |  |
| Mailing Address                                   |                                                                                                                                   |  |  |  |  |  |  |  |  |
|                                                   |                                                                                                                                   |  |  |  |  |  |  |  |  |
| City                                              | State ZIP code + 4                                                                                                                |  |  |  |  |  |  |  |  |
|                                                   |                                                                                                                                   |  |  |  |  |  |  |  |  |
| Daytime Telephone Number Ema                      | nil Address                                                                                                                       |  |  |  |  |  |  |  |  |
|                                                   |                                                                                                                                   |  |  |  |  |  |  |  |  |
| Signature and Notarization                        |                                                                                                                                   |  |  |  |  |  |  |  |  |
| State                                             | I hereby attest to the truth of all statements contained in this affidavit which is made to induce the AKC to accept applications |  |  |  |  |  |  |  |  |
| County                                            | signed by me in the name of this incapacitated person. I state that                                                               |  |  |  |  |  |  |  |  |
|                                                   | I am within my legal rights to do so.                                                                                             |  |  |  |  |  |  |  |  |
| Subscribed and sworn to before me this            | It is understood that the AKC will be notified of any changes in the above.                                                       |  |  |  |  |  |  |  |  |
| day of, 20                                        |                                                                                                                                   |  |  |  |  |  |  |  |  |
|                                                   |                                                                                                                                   |  |  |  |  |  |  |  |  |
| Notary Public                                     | Signature of Person Authorized to sign for the                                                                                    |  |  |  |  |  |  |  |  |
|                                                   | Incapacitated Person named above.                                                                                                 |  |  |  |  |  |  |  |  |
| Date My Commission Expires                        |                                                                                                                                   |  |  |  |  |  |  |  |  |

### Instructions, Requirements, and General Information When completed in its entirety, signed, and notarized, please return this document to: Instructions for Completion and The American Kennel Club **Submittal** 8051 Arco Corporate Drive, Suite 100 Raleigh, NC 27617-3390 Email AKC at info@akc.org or call 919-233-9767 to speak to an AKC Customer Service Representative, **Assistance** Monday – Friday, 8:30 AM – 5:00 PM. Information about the registration process and downloadable forms are available on our website: www.akc.org. The American Kennel Club reserves the right to correct or cancel for cause the registration of this dog and its **Notice** descendants. Any misrepresentation on this application is one example of for cause cancellation and may result in loss of AKC privileges. Once submitted, this form becomes the property of the American Kennel Club. By supplying your email address and/or telephone number, you consent to receive communications from AKC and third parties.

### I. OWNERSHIP

### A. OWNER DECEASED

If the owner of a dog or litter dies, AKC registration forms can only be signed by the person authorized to sign for the deceased. Before the AKC can accept the signature of the person completing AKC forms for the deceased, we must be furnished with authorization to do so.

If an Executor or Administrator has been or will be appointed for the decedent, a copy of the Letters Testamentary, Letters of Administration, or the equivalent document naming the person(s) or bank appointed by the Court to serve as Executor or Administrator of the Estate should accompany our Statement of Legal Rights form.

If no Executor or Administrator has been or will be appointed, the next of kin authorized to sign for the decedent must complete a Statement of Legal Rights Form, indicating his/her relationship to the decedent. The Statement of Legal Rights form must be completed in its entirety, signed and notarized before being submitted.

The signature for the deceased should appear as follows on all AKC documents:

Print name of deceased (Date of Death)
Per: Signature of Executor, Administrator or signature of next of kin (relationship to deceased)

If more than one person is authorized to sign, then all signatures must appear on the AKC document. The complete application and required fee should then be submitted with the Statement of Legal Rights form.



# Statement of Legal Rights



Use this form to obtain authorization to sign on behalf of a deceased person. **Detailed requirements and instructions are on page 2 of this form.** Please use black ink and capital letters to fill in the boxes. Information you omit or print outside of the boxes will delay processing.

| state that I am within my legal rights in signii                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ng AKC® application | ons in the n                              | ame of:               |                                         |        |              |       | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |   | _   | _ |
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| Signature and Notarization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                           |                       |                                         |        |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |   |     |   |
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| ubscribed and sworn to before me this ay of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                           | ure of E              |                                         |        |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |   |     |   |
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| ate My Commission Expires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                           |                       |                                         |        |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |   |     |   |

# AMERICAN KENNEL CLUB®

# Statement of Legal Rights



Instructions, Requirements, and General Information If an Executor or Administrator has been or will be appointed for the decedent, the Letters Testamentary or Letters of Instructions for Administration should accompany this completed form. If no Executor or Administrator has been or will be appointed, Completion and the next of kin, authorized to sign for the decedent, must complete this form, stating the relationship to the decedent. Submittal When completed in its entirety, signed, and notarized, please return this document to: The American Kennel Club 8051 Arco Corporate Drive, Suite 100 Raleigh, NC 27617-3390 Requirements Signatures of all individuals who have completed one of these forms for this decedent are required following the name of the decedent on each registration application submitted to the AKC. Email AKC at info@akc.org or call 919-233-9767 to speak to an AKC Customer Service Representative, Monday -**Assistance** Friday, 8:30 AM — 8:00 PM. Information about the registration process and downloadable forms are available on our website: www.akc.org. The individual who signs this form is responsible for providing accurate information. Misrepresentation on this form Notice may result in the loss of AKC privileges for an individual signer. Once submitted, this form becomes the property of the American Kennel Club.