

PET GUARDIAN NOTIFICATION FORM

PET OWNER			
Name:		Date:	
Address:	City:	State:	Zip:
Mobile Phone Number:	Home Phone Number:		
Work Phone Number:	Email:		
In the event of my illness or death, I have made arrangements for the care of my pets with: Friends of Strays, Inc. 2911 47th Ave. N., St. Petersburg, FL 33714 The person(s) listed below			
PET #1			
Name:	Type of Animal:		Age:
Physical Description:			
Where is the pet currently housed?			
PLEASE INFORM			
Name:	Email:		
Address:	City:	State:	Zip:
Mobile Phone Number:	Alternate Phone Number:		
PET #2			
PET #2 Name:	Type of Animal:		Age:
	Type of Animal:		Age:
Name:	Type of Animal:		Age:
Name: Physical Description:	Type of Animal:		Age:
Name: Physical Description: Where is the pet currently housed?	Type of Animal: Email:		Age:
Name: Physical Description: Where is the pet currently housed? PLEASE INFORM Same as above		State:	Age: Zip:
Name: Physical Description: Where is the pet currently housed? PLEASE INFORM Same as above Name:	Email:	State:	
Name: Physical Description: Where is the pet currently housed? PLEASE INFORM Same as above Name: Address:	Email: City:	State:	
Name:Physical Description:Where is the pet currently housed?PLEASE INFORM □ Same as aboveName:Address:Mobile Phone Number:	Email: City:	State:	
Name:Physical Description:Where is the pet currently housed?PLEASE INFORM □ Same as aboveName:Address:Mobile Phone Number:PET #3	Email: City: Alternate Phone Number:	State:	Zip:
Name:Physical Description:Where is the pet currently housed?PLEASE INFORM □ Same as aboveName:Address:Mobile Phone Number:PET #3Name:	Email: City: Alternate Phone Number:	State:	Zip:
Name:Physical Description:Where is the pet currently housed?PLEASE INFORM □ Same as aboveName:Address:Mobile Phone Number:PET #3Name:Physical Description:	Email: City: Alternate Phone Number:	State:	Zip:
Name:Physical Description:Where is the pet currently housed?PLEASE INFORM □ Same as aboveName:Address:Mobile Phone Number:PET #3Name:Physical Description:Where is the pet currently housed?	Email: City: Alternate Phone Number:	State:	Zip:
Name:Physical Description:Where is the pet currently housed?PLEASE INFORM □ Same as aboveName:Address:Mobile Phone Number:PET #3Name:Physical Description:Where is the pet currently housed?PLEASE INFORM □ Same as above	Email: City: Alternate Phone Number: Type of Animal:	State:	Zip:

PLEASE SEND COMPLETED FORM TO:

plannedgiving@friendsofstrays.org (or mail to address below)

MAIL-IN: Friends of Strays, Inc. Attn: Planned Giving 2911 47th Ave. N., St. Petersburg, FL 33714