



**FRIENDS
OF STRAYS
ANIMAL SHELTER**

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		
Name:	Type of Animal:	Age:
Physical Description:		
Where is the pet currently housed?		

PLEASE INFORM <input type="checkbox"/> Same as above			
Name:	Email:		
Address:	City:	State:	Zip:
Mobile Phone Number:	Alternate Phone Number:		

PET #3		
Name:	Type of Animal:	Age:
Physical Description:		
Where is the pet currently housed?		

PLEASE INFORM <input type="checkbox"/> Same as above			
Name:	Email:		
Address:	City:	State:	Zip:
Mobile Phone Number:	Alternate Phone Number:		

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