



Peace of Mind Plan Application

Date: _____

ANIMAL DETAILS

Pet Name: _____ Species: Dog Cat Other _____

Breed: _____ Age: _____ Gender: M F Spayed/Neutered: Y N

Color: _____ Distinguishing Marks: _____

Veterinarian Name/Clinic: _____ Phone: _____

Address: _____

I have informed the vet of my plans for my animal and I have given them permission to share the medical records with PAL.

List all relevant/urgent medical history including allergies:

List all medications and their amounts: (This includes brand names and monthly heartworm prevention if applicable.)

List behavioral characteristics including behavioral or training problems:

Please check if appropriate:

- | | | |
|---|--|---|
| <input type="checkbox"/> Animals must not be parted (if possible) | <input type="checkbox"/> Not used to children | <input type="checkbox"/> Used to elderly owner |
| <input type="checkbox"/> Used to one owner | <input type="checkbox"/> Sleeps on owner's bed | <input type="checkbox"/> Uses cat/dog door |
| <input type="checkbox"/> Travels well in car | <input type="checkbox"/> Used to fence/enclosure | <input type="checkbox"/> Sleeps in bedroom in his/her bed |
| <input type="checkbox"/> Do not allow off leash | <input type="checkbox"/> Heels well | <input type="checkbox"/> Indoors only |
| <input type="checkbox"/> Wears a harness | | <input type="checkbox"/> Stays on command |
| <input type="checkbox"/> On special diet: _____ | | |

List additional information on the pet's routines, including likes, favorite toys, treats and rewards:

Family or friend who can provide more information and/or access the home for the pet's needs should the owner not be available:

Name: _____ Phone: _____

Family/friend/attorney/executor who can provide access to the home to allow PAL to pick up the animal and/or the pet's belongings should the owner not be available:

Name: _____ Phone: _____

Return to Palmetto Animal League at 56 Riverwalk Blvd, Okatie, SC 29936 with owner form.



Peace of Mind Plan Application Part II

Date: _____

This application does not constitute acceptance into the Peace of Mind Plan. Once application is received a PAL staff member or volunteer will contact the owner to discuss the plan. In some cases a visit to the home to meet with the pet(s) is required. Once and if the pet is accepted, the owner will complete an agreement verifying the information provided in this application is current and that the Estate plans are completed as required.

PET OWNER(S) INFORMATION

First Name: _____ Last Name: _____
First Name: _____ Last Name: _____
Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: _____ Cell: _____ Email: _____

Other contact: Family Neighbor Friend Executor/Trustee

First Name: _____ Last Name: _____
Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: _____ Cell: _____ Email: _____

Other contact: Family Neighbor Friend Executor/Trustee

First Name: _____ Last Name: _____
Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: _____ Cell: _____ Email: _____

Number of animals to be registered for this program: _____

I have attached a form for each animal.

If we are accepted into the PAL Peace of Mind Plan, I/we will include PAL in our estate plans for the required amount of \$20,000 for the first pet and \$10,000 for each additional pet.

Signature: _____ Date: _____

Signature: _____ Date: _____