



Animal Friends - Declaration of Intent

As expression of my/our commitment to
Animal Friends' Lifesaver Society

Animal Friends

Caryl Gates Gluck Resource Center
562 Camp Horne Road | Pittsburgh, PA 15237
Phone: 412.847.7000 | Fax: 412.847.7001

I/We would like to enroll in the *Lifesaver Society* to make sure my/our pet(s) will be guaranteed immediate entry into Animal Friends' network of care in case of my/our passing.

I/We understand that in order to become a member of the *Lifesaver Society*, I/we will need to make a planned gift of \$5,000 or more per pet.

(Animal Friends can accept real estate or investment assets as well as cash bequests)

I/We also understand that Animal Friends will provide all necessary social, behavioral and medical care and treatment for my/our pet(s) until he or she is placed into a loving home* matched with his or her needs and personality traits.

This Declaration of Intent is an expression of my/our present plans. It is subject to revocation or modification by me/us, and is not legally binding on me/us or my/our estate.

Name(s)

Signature

Date

Signature

Date

**In accordance with our placement policies, please note that in keeping with our commitment to reduce pet overpopulation, Animal Friends will spay/neuter and microchip all animals adopted through the Lifesaver Society. Also note that any animal adopted through Animal Friends is guaranteed to be accepted back into our care if for any reason the adoptive home can no longer provide necessary care.*



My/Our Pet's Information

Your Name: _____

PET # 1

Name and Species

Age and Physical Description

Likes and Dislikes (including food, toys, other pets)

Special Needs and Medications

Anything else we should know



My/Our Pet's Information

Your Name: _____

PET # 2

Name and Species

Age and Physical Description

Likes and Dislikes (including food, toys, other pets)

Special Needs and Medications

Anything else we should know



My/Our Pet's Information

Your Name: _____

PET # 3

Name and Species

Age and Physical Description

Likes and Dislikes (including food, toys, other pets)

Special Needs and Medications

Anything else we should know



My/Our Pet's Information

Your Name: _____

PET # 4

Name and Species

Age and Physical Description

Likes and Dislikes (including food, toys, other pets)

Special Needs and Medications

Anything else we should know



My/Our Pet's Information

Your Name: _____

PET # 5

Name and Species

Age and Physical Description

Likes and Dislikes (including food, toys, other pets)

Special Needs and Medications

Anything else we should know