HUMANE SOCIETY OF BOULDER VALLEY

COMPANION CARE FOR LIFE

Pet Care Notification and Identification Form

Complete a separate form for each pet. Make four copies of this form and the Pet Profile pages and send:

1. one set to the Humane Society of Boulder Valley
2. one to the Executor of your estate
3. one set to your family or friends
4. keep one set with your important papers

Your name: _____

Address: _____

Mailing address: _____

Telephone: _____Email _____

In the event of my illness or death, I have enrolled my animal(s) in the Companion Care for Life program with the Humane Society Boulder Valley. Please contact them at once (303-442-4030, ext 669), as my pet(s) will need to be cared for immediately.

_____ _____

Signature Date

(We suggest you copy this Pet Care Notification, and trim it to fit in your wallet)

Please Inform:

Name of family member or friend: _____

Mailing address: _____

Telephone: _____

Executor of estate: _____

Mailing address: _____

Telephone: _____Email _____

Pet Identification:

Pet's name: _____

Sex: _____ Age: _____

Type of animal: _____ Color: _____

Does your pet have a tattoo or microchip? _____

Address where pet resides: _____

Please affix your pet's photo here →

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OF BOULDER VALLEY

COMPANION CARE FOR LIFE

Enrollment Form

I, _____, am enrolling my animal(s) in the Companion Care for Life Program at the Humane Society of Boulder Valley (HSBV). The Companion Care for Life Program is available to me through HSBV, an independent nonprofit organization. HSBV is not affiliated with any other humane society or animal welfare group.

Following my death or permanent incapacitation, I appoint HSBV as the guardian of my animal(s) to be cared for pursuant to the Companion Care for Life Program.

HSBV agrees to exert best efforts to place the animal(s) in a suitable environment and to care and treat the animal(s) with due concern for its/their well being. HSBV will act in the best interest of the animal(s) but cannot guarantee placement.

I understand the terms of the Companion Care for Life Program through HSBV and agree to have its terms binding upon myself, my personal representatives, administrators, trustees and/or assigns.

_____
Signature

_____
Date

_____
Humane Society of Boulder Valley Staff

_____
Date