



# Declaration of Intent

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

Animal Friends, Inc.  
Caryl Gates Gluck Resource Center  
562 Camp Horne Road  
Pittsburgh, PA 15237  
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 for the first pet and \$2,500 or more for each additional 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

\_\_\_\_\_

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

\_\_\_\_\_  
Age

\_\_\_\_\_  
Species

Physical Description

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

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Special Needs and Medications

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Anything else we should know:

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# My/Our Pet's Information

Your Name: \_\_\_\_\_

## PET # 2

\_\_\_\_\_

Name

\_\_\_\_\_

Age

\_\_\_\_\_

Species

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

\_\_\_\_\_  
Age

\_\_\_\_\_  
Species

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

\_\_\_\_\_  
Age

\_\_\_\_\_  
Species

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

\_\_\_\_\_  
Age

\_\_\_\_\_  
Species

Physical Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Needs and Medications

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else we should know:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

