



## MaxFund "Peace of Mind" Pet Guardianship Enrollment

Fill out this enrollment form for your pet(s) and send a copy to the executor of your will, your attorney, your pet guardians, MaxFund, and any family or friends who can help ensure your wishes are carried out. Keep copies for yourself with your important papers. You can download additional forms at [www.maxfund.org](http://www.maxfund.org)

### PET OWNER INFORMATION

Your name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*In the event of my death or incapacitation, I have made arrangements with MaxFund to care for my pets. Please contact them at once, as my pet(s) will need to be cared for immediately. I confirm that I have named MaxFund No-Kill Animal Shelter in my will or trust.*

Your signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

### TEMPORARY PET GUARDIANSHIP INFORMATION – IF APPLICABLE

*Please inform the person who has agreed to be my pet's temporary guardian that I am enrolled in MaxFund's Peace of Mind Pet Guardianship Program.*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In the event of my illness or death, MaxFund shall be given guardianship of my pets.

### EXECUTOR OF WILL INFORMATION

#### The Executor of my will

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PET INFORMATION**

**NAME**

**DOG/CAT**

**BREED**

**SEX**

**AGE**

Pet #1					
Pet #2					
Pet #3					
Pet #4					

**PLEASE SEND ALL FORMS TO:**

**MaxFund**

**720 West 10<sup>th</sup> Avenue**

**Denver, CO 80204**

**ATTN: Peace of Mind Pet Guardianship Program**