



## MaxFund "Peace of Mind" Pet Guardianship Relinquishment Form

I certify I have the authority to enroll the below-described animal(s) in the Pet Guardianship Program. Upon my death or incapacitation, I hereby relinquish all rights of ownership, in the below-described animal(s) in favor of MaxFund, Inc.

I authorize the transfer of my animal's information to a new owner when this animal is placed up for adoption. The information on this form is to the best of my knowledge, accurate & complete.

If it is my desire to have my pet adopted or fostered, I understand that every effort will be made to place the animal in a foster home while it awaits adoption, but it may be housed temporarily at MaxFund Cat Shelter or Dog Dog Adoption Center.

**Bonded pairs will not be separated.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Pet Information

	Name	Dog/Cat	Breed	Sex	Age
Pet #1					
Pet #2					
Pet #3					
Pet #4					



## 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, Inc., 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).*

### OWNER INFORMATION

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

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

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

*In the event of my death or incapacitation, I have made arrangements with MaxFund, Inc. to care for my pet(s). Please contact them at once, as my pet(s) will need to be cared for immediately. I confirm that I have named MaxFund, Inc. in my will or trust.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### 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 Inc.'s "Peace of Mind" pet guardianship program.*

#### **My Temporary Pet Guardian (if applicable):**

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

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

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

*In the event of my illness or death, MaxFund, Inc. 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 Animal Adoption Center

958 Inca St.  
Denver, CO 80204

ATTN: MaxFund Executive Director



## MEDICAL RECORDS RELEASE AUTHORIZATION

Owner's Name: \_\_\_\_\_

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

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

**I have released my animal(s) to MaxFund, Inc.**

**I authorize the release of all medical records by (name of veterinary practice or veterinarian) to MaxFund, Inc.:**

Veterinary Practice: \_\_\_\_\_

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

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

### PET INFORMATION

	Name	Dog/Cat	Breed	Sex	Age
Pet #1					
Pet #2					
Pet #3					
Pet #4					

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## MaxFund "Peace of Mind" Pet Guardianship Program

Each year, dogs and cats are taken to shelters by family members of owners of all ages who have either gone into nursing homes or who have died leaving no provisions for their beloved companions. In addition to making countless decisions regarding their loved one's estate, these families also have to decide what to do with their loved one's dog or cat. Too often these animals end up in overcrowded, underfunded shelters where they face an unknown fate.

To avoid this situation, MaxFund Animal Adoption Shelter offers its "Peace of Mind" Pet Guardianship Program. By enrolling your pet(s) in this plan, you'll have peace of mind knowing that your beloved pet(s) will be well cared for. Your enrollment will also spare your loved ones from the process of re-homing your pet(s), which can be painful and overwhelming.

### Benefits of our "Peace of Mind" Pet Guardianship Program include:

- Encouraging you to write a detailed bio and care instructions which will be passed onto the pet's future guardian.
- Providing each animal with a tag that informs loved ones that the animal is to be cared for by MaxFund, Inc. in the event of an emergency.
- MaxFund, Inc. dispatches a volunteer or staff member to pick up your pet from where it is currently housed.
- MaxFund, Inc. provides medical care, vaccines, microchipping, etc., as needed while your pet is in their care.
- MaxFund, Inc. houses your pet in its shelter, or in an approved, site visited foster home until a forever home can be found.

**All we ask is that you include a gift to MaxFund in your will. In return, we will do our best to ensure that your beloved pet finds a new home.**

## HOW TO ENROLL

### Step 1)

Have an attorney draw up a will or trust for you. Include in it a statement such as, "At the time of my death, I transfer my pet(s)'s ownership to MaxFund, Inc.'s 'Peace of Mind' Pet Guardianship Program."

Tax ID: #84-1116882  
958 Inca St.  
Denver, CO 80204

### Step 2)

Include a gift in your will or trust to help MaxFund, Inc. sustain care for your pet(s) once they are entrusted to us. Provide MaxFund, Inc. with a copy of those pertinent pages. The gift can be in the form of cash, stocks/bonds, real estate, IRA beneficiary or life insurance beneficiary.

**Step 3)**

Let someone close to you whom you trust, in addition to your attorney, know your wishes and provide that person with MaxFund's contact information.

**Step 4)**

Complete the enrollment form, pet profile and care forms, and medical release forms. Keep a copy with your will or trust and inform your executor or trustee of your decision. Remember to keep MaxFund informed of any changes.

**Step 5)**

Post in a predominant place in your home a notice that, in the event of an emergency, your animal(s) is to go to MaxFund.

*NOTE: Please note that this program is for cats and dogs only. The program is limited to four (4) animals per family. More may be allowed on a case-by-case basis.*

**REMEMBER: Your pets are depending upon you to provide care for them after you are gone.**



## MaxFund "Peace of Mind" Pet Guardianship Pet Profile

*The loss of a human companion can be devastating for a pet. With the comfort of familiar surroundings gone, a favorite toy or daily routine can help a great deal. The information you provide here can greatly influence the success of your animal's transition into a new home. Be as detailed as possible and provide additional information if necessary—your pets will thank you for it! Fill out a separate profile for each of your pets and send them to the executor of your will, your attorney, your pet guardians, MaxFund, Inc., and any family or friends who can help ensure your wishes are carried out. You can download additional forms at [www.maxfund.org](http://www.maxfund.org).*

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

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

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pet's Name: \_\_\_\_\_ Cat/Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_ (F) \_\_\_\_ (M) Spayed/Neutered: \_\_\_\_ (Yes) \_\_\_\_ (No) Age: \_\_\_\_\_

ID Tag: \_\_\_\_ (Yes) \_\_\_\_ (No) Microchip: \_\_\_\_ (Yes) \_\_\_\_ (No) Microchip #: \_\_\_\_\_

Declawed (cat): \_\_\_\_ (Yes) \_\_\_\_ (No) This is my only pet: \_\_\_\_ (Yes) \_\_\_\_ (No)

This pet is one of \_\_\_\_\_ pets in my care (write in the total number of animals you own)

How long have you owned this pet? \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_

Did your pet have previous owners? If yes, please give contact information, if known: \_\_\_\_\_

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

Current Diet (brand names, preferred treats, etc.): \_\_\_\_\_

\_\_\_\_\_

Feeding Schedule / Amount Fed: \_\_\_\_\_

\_\_\_\_\_

Medications / Supplements: \_\_\_\_\_

\_\_\_\_\_

Conditions requiring vet supervision, symptoms to watch for, previous surgeries, physical limitations, allergies, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite toys, games, and habits (describe in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where does your pet sleep? \_\_\_\_\_

My pet lives: \_\_\_\_ (Strictly Indoors) \_\_\_\_ (Outside) \_\_\_\_ (In & Out) \_\_\_\_ (Garage / Porch)

Does your pet use a fenced yard? \_\_\_\_ (Yes) \_\_\_\_ (No)

My pet is: \_\_\_\_ (Housebroken) \_\_\_\_ (Not Housebroken) \_\_\_\_ (Uses a litter box) \_\_\_\_ (Uses the Outdoors & litter box) \_\_\_\_ (Sometimes has Accidents)

How does your pet ask to go outside? \_\_\_\_\_

Does your pet go for regular walks? (Include frequency, what time of day, favorite location(s), etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My pet has lived with: \_\_\_\_ (Other animals) \_\_\_\_ (Children)

If yes, please describe the types of animals your pet has lived with, what ages of children, and any difficulties in the home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



My pet has the following training / knows the following tricks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any verbal / nonverbal words or commands your pet responds to, as well as ways in which he/she communicates with you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe in detail your pet's daily routine (walking, feeding, playing, bedtime, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check all that applies to your pet:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> (Rides well in the car)       | <input type="checkbox"/> (Walks well on a leash)   | <input type="checkbox"/> (Obedience trained)       |
| <input type="checkbox"/> (Talkative / Vocalizes a lot) | <input type="checkbox"/> (Quiet / Reserved)        | <input type="checkbox"/> (Adaptable)               |
| <input type="checkbox"/> (Gets along with cats)        | <input type="checkbox"/> (Gets along with dogs)    | <input type="checkbox"/> (High prey drive)         |
| <input type="checkbox"/> (Uses scratching post)        | <input type="checkbox"/> (Claws / Bites Playfully) | <input type="checkbox"/> (Enjoys being held / pet) |
| <input type="checkbox"/> (A lap animal)                | <input type="checkbox"/> (Outgoing / Friendly)     | <input type="checkbox"/> (Active / High Energy)    |
| <input type="checkbox"/> (Scratches Furniture)         | <input type="checkbox"/> (Enjoys being groomed)    | <input type="checkbox"/> (Playful)                 |
| <input type="checkbox"/> (Hyperactive)                 | <input type="checkbox"/> (Moderately active)       | <input type="checkbox"/> (Nervous / Skittish)      |
| <input type="checkbox"/> (Sleeps a lot)                | <input type="checkbox"/> (Independent)             | <input type="checkbox"/> (Separation Anxiety)      |
| <input type="checkbox"/> (Protective)                  |  |  |

List anything else that applies to your pet that is not listed above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My pet likes / dislikes (check all that apply):

**Men** \_\_\_(Likes) \_\_\_(Dislikes) \_\_\_(Neutral) \_\_\_(Not Sure)

**Women** \_\_\_(Likes) \_\_\_(Dislikes) \_\_\_(Neutral) \_\_\_(Not Sure)

**Children** \_\_\_(Likes) \_\_\_(Dislikes) \_\_\_(Neutral) \_\_\_(Not Sure)

**Cats** \_\_\_(Likes) \_\_\_(Dislikes) \_\_\_(Neutral) \_\_\_(Not Sure)

**Dogs** \_\_\_(Likes) \_\_\_(Dislikes) \_\_\_(Neutral) \_\_\_(Not Sure)

**Birds** \_\_\_(Likes) \_\_\_(Dislikes) \_\_\_(Neutral) \_\_\_(Not Sure)

**Livestock** \_\_\_(Likes) \_\_\_(Dislikes) \_\_\_(Neutral) \_\_\_(Not Sure)

**Uniforms** \_\_\_(Likes) \_\_\_(Dislikes) \_\_\_(Neutral) \_\_\_(Not Sure)

List any other likes, dislikes, fears, or triggers that applies to your pet and is not listed above: \_\_\_\_\_

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

How does your pet respond to strangers? \_\_\_\_\_

\_\_\_\_\_

Pet's Veterinarian: \_\_\_\_\_ Name of Clinic: \_\_\_\_\_

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

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

Other clinics with your pet's health records? \_\_\_\_\_

Phone # of other clinic(s): \_\_\_\_\_

Check all vaccinations your pet received in the past year: \_\_\_(Rabies) \_\_\_(Bordetella)

\_\_\_(DHLPP) \_\_\_(FDV) \_\_\_(FeLV) \_\_\_(FIP) \_\_\_(Pet is not current on vaccinations)

*I wish to name MaxFund Inc. as my pet's guardian through the "Peace of Mind" Guardianship Program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

