

Pet Guardianship Program Enrollment Form



7200 Mobley Rd, Brooksville, FL 34601
(352) 796-2711 | www.HumaneRescue.org

PET OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

PROGRAM ENROLLMENT DATE: _____

PET INFORMATION

(1) Pet Name: _____ Sex: _____

Breed: _____ Age: _____ Neutered/Spayed: Y N

(2) Pet Name: _____ Sex: _____

Breed: _____ Age: _____ Neutered/Spayed: Y N

(3) Pet Name: _____ Sex: _____

Breed: _____ Age: _____ Neutered/Spayed: Y N

(4) Pet Name: _____ Sex: _____

Breed: _____ Age: _____ Neutered/Spayed: Y N

(5) Pet Name: _____ Sex: _____

Breed: _____ Age: _____ Neutered/Spayed: Y N

GUARDIANSHIP INFORMATION

Primary Pet Guardian (Optional, if other than the HSNC):

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Attorney:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Executor or Trustee (if applicable):

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

OTHER PROGRAM INFORMATION AND REQUIREMENTS

A completed and signed **Enrollment Form** along with a one-time, non-refundable enrollment fee of \$35.00 is required to ensure that your pet is fully registered in our **Pet Guardianship Program**. The \$35.00 enrollment fee can be paid by personal check, bank check, or money order payable to the Humane Society of the Nature Coast, and must be included when submitting the **Enrollment Form**.

By submitting this **Enrollment Form**, you are enrolling your pet(s) in the **HSNC Pet Guardianship Program**. If you have chosen a Primary Guardian for your pet other than the HSNC, and your Primary Guardian is or becomes unable or unwilling to care for your pet, the HSNC will become your pet's guardian. If you have not chosen a Primary Guardian, then the HSNC becomes your Primary Guardian by default.

When enrolling your pet in the **Pet Guardianship Program**, you must attach a completed **Pet Biography Form** and a completed **Planned Giving Notification Form** when submitting this **Enrollment Form**.

Please mail the **Enrollment Form**, the **Pet Biography Form**, the **Planned Giving Notification Form**, and the **\$35.00 Enrollment Fee** to:

**Humane Society of the Nature Coast
Attn: Planned Giving
PO Box 10328
Brooksville, FL 34603**

Please read, check the box, and sign below that you understand the prerequisites for a pet(s) to be accepted into the **HSNC Pet Guardianship Program**. Please check the box to the left after you have read the following:

☐ I have enrolled my pet(s) in the HSNC Pet Guardianship Program with the intent of having them safely rehomed upon my death or permanent incapacitation. I understand that my pet(s) must be in adoptable condition in order to be re-homed by the HSNC. I further understand that the HSNC may not be able to place pets who are feral, have a history of biting or attacking humans, or who have chronic or life-threatening health issues (diabetes, cancer, kidney failure, heart disease, etc.) I understand that the Pet Guardianship Program is intended to provide a comfortable transition for my beloved pet(s) while all efforts are made to quickly and safely rehome my pet(s). I also understand that my pet(s) may be placed into a pet foster home supervised by a HSNC volunteer or staff member until such time as my pet(s) is safely rehomed. I agree to keep the HSNC updated on the status of my pet(s).

Signature

Date

Printed Name

Please contact us at (352) 796-2711 if you have any questions or need assistance enrolling your pet(s) in the Pet Guardianship Program.