



## PAWS-itive Care

### Ensuring the Care of Your Pets After You're Gone

If you have pets, you want the comfort of knowing they will be cared for and loved if anything should happen to you. We strongly recommend that you remember your pets when crafting your will. Find someone you can trust to leave them to, and talk to this person so they know your plans. If, however, you do not have anyone to leave your pets to, Pet Alliance of Greater Orlando offers a program called PAWS-itive Care to ensure your pet is taken care of, in their new home with a loving family, when you are gone.

Pet Alliance of Greater Orlando is a local, nonprofit organization, funded through the support of community members like you.

Please note, we will accept your pets into our shelters regardless of whether you can plan for financial support through a bequest to the agency. If your will or trust document does not specify who will transport the pets to our agency in Central Florida, we can work with your personal representative, trustee, or other responsible party to have your pet safely transported to our shelter facilities. The cost of transport outside of the boundaries of Orange, Osceola, Brevard, Lake, Seminole and Volusia counties is the responsibility of the pet owner or his/her estate.

If you are financially able, we suggest a minimum planned gift of \$5,000 bequeathed to Pet Alliance of Greater Orlando to support your pets' enrollment. A planned gift can be:

- A bequest in your will or living trust;
- Naming Pet Alliance of Greater Orlando as beneficiary of your life insurance or qualified retirement plan;
- Naming Pet Alliance of Greater Orlando as the beneficiary of a "transfer on death" bank or stock account;
- A charitable remainder trust.

Required next steps for enrollment in PAWS-itive Care:

- Complete one PAWS-itive Care Enrollment Agreement for **each** of your pets;
- Complete one PAWS-itive Care Pet Profile for **each** of your pets;
- **Mail completed documents to:** Paws-itive Care, Director of Development, Pet Alliance of Greater Orlando, 2727 Conroy Road, Orlando, Florida 32839.

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Owner Name: (Please print) \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_ DOB: \_\_\_\_\_



I have made a bequest to Pet Alliance of Greater Orlando in the total amount of \$\_\_\_\_\_ for my pets.

I have made this bequest in my: \_\_\_\_\_ will/trust; \_\_\_\_\_ life insurance policy; \_\_\_\_\_ bank account; \_\_\_\_\_ retirement plan; \_\_\_\_\_ stock account; \_\_\_\_\_ other \_\_\_\_\_

Please provide a copy of the relevant document for our records.

### **PET BEQUEST ENROLLMENT AGREEMENT**

This Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ between \_\_\_\_\_, (hereinafter referred to as "Owner"), and Pet Alliance of Greater Orlando, a Florida nonprofit organization (hereinafter referred to as "Pet Alliance").

Pet Alliance agrees to provide love and care for the Pet(s) and will make every effort to place in a forever home.

Please attach PAWS-itive Care Pet Profile form with information on pet(s)

### OBLIGATIONS OF PET ALLIANCE

#### Transitional Care

Pet Alliance agrees to accept the Pet and provide a comfortable environment at a volunteer foster home. For the duration that the Pet is housed Pet Alliance volunteer foster home, Pet Alliance will provide them with basic veterinary care, (tests, exams, vaccinations, microchipping, spay/neuter surgery, heartworm and flea protection, etc.), through Pet Alliance clinics. Pets with special health and dietary needs will receive a medical workup to determine the best care plan for the Pet.

Pet Alliance has no duty or obligation to ensure the Pet is delivered to Pet Alliance. The obligation to deliver the Pet upon the death of Owner shall be the responsibility of Owner's agent, designee, Personal Representative or Trustee.

#### Forever Care

Pet Alliance will make every effort to place the Pet in a forever home. There is no designated time frame in which this must occur. If the Pet is not paired with a forever family, or if a placement has been unsuccessful, Pet Alliance will continue to provide for the health and well-being of the Pet for the duration of the placement process or the Pet's lifetime. After successful placement in a forever home, Pet Alliance staff and/or volunteers will continue to regularly connect with the Pets' new family to remain apprised of their well-being.



Placement Procedures

Pet Alliance will conduct placement procedures per the organization’s adoption policy for the PAWS-itive Care program at the time the Pet is delivered to the Pet Alliance. The prospective forever family will be subject to a thorough screening process, to include the execution of the Adoption Agreement. Pet Alliance will ensure the Pet is placed with an appropriately matched forever family who will be subject to the requirements of Pet Alliance’s adoption policy.

COMPENSATION

Pet Alliance suggests that Owner bequest a planned gift at a minimum of \$5,000 for the lifetime care of the Pet. However, Pets will be accepted to the PAWS-itive Care program and housed by a Pet Alliance shelter facility regardless of whether Owner can or does provide said planned gift to the Pet Alliance.

TERMINATION OF AGREEMENT

This Agreement is subject to termination upon the following events: Owner voluntarily terminates Agreement, or termination due to the death of the Pet. If Owner voluntarily terminates this Agreement, Owner is responsible to update their gift planning to reflect this change and should provide written notice to Pet Alliance.

Upon the placement of the Pet, Pet Alliance will retain the planned gift for use at any of the shelter facilities at the absolute discretion of the Pet Alliance.

SIGNATURE

I, \_\_\_\_\_ (name/s) am the legal owner of the Pet(s) on the attached Pet Profile. It is my desire, and by my signature, my authorization to relinquish permanent custody of the Pet to Pet Alliance of Greater Orlando, a Florida nonprofit organization, its successors or assigns, in the event of my death.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Owner Print Name

\_\_\_\_\_  
Witness Print Name