

# Pet Care Agreement



Owner's name: \_\_\_\_\_

Upon transfer of the animal below to Wayside Waifs, I authorize Wayside Waifs to evaluate my pet and determine in its exclusive judgment whether the animal is in an adoptable condition.

I have completed a Letter of Intent indicating a planned gift of at least \$10,000 to Wayside Waifs, in exchange for Wayside Waifs accepting the pet below into its Pet Care Agreement Program. I have also made legal arrangements for the transfer of the pet below to Wayside Waifs in the event of my death.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by: Wayside Waifs

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Pet Information:

Pet's Name: \_\_\_\_\_ Sex (Male/Female): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Type (Cat or Dog): \_\_\_\_\_

Breed: \_\_\_\_\_

Microchip Brand: \_\_\_\_\_ Chip Number: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Identifying Marks (tattoo, unique coloring, scars, etc.):

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Medical History (any specific information about the pet's medical history that is unusual):

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(over)



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Where is your pet's medical history located? \_\_\_\_\_

Medications and supplements for this pet:

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Special Needs (any special dietary requirements or exercise routines):

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What brand & type of food do you feed this pet? \_\_\_\_\_

Please attach a photo of your pet:

Wayside Waifs  
3901 Martha Truman Road  
Kansas City, MO 64137  
(816)986-4410  
plannedgiving@waysidewaifs.org  
WaysideWaifs.org/plannedgiving