



Inland Valley
Humane Society
& S.P.C.A.
A home away from home.

Take Comfort Registration Form

For Office Use Only
Date of Enrollment: _____
RE#: _____
Chameleon Person ID: _____

Owner Profile (Please print clearly)

Name(s):

Address:

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email:

Who will notify the Inland Valley Humane Society & SPCA of the animals' need for continuing care:

I have completed the personality form(s) for my animal? Yes No

Take Comfort Information:

(Please list the Inland Valley Humane Society & SPCA as the named guardian for the Take Comfort program):

Named Guardian

Address:

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Attorney:

Address:

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Executor:

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Bequest Information

I have made provisions for the Inland Valley Humane Society & SPCA (IVHS) in my estate plan as follows:

A. Bequest in my will or trust \$ _____

B. Life insurance policy \$ _____

C. Trust naming IVHS as the final beneficiary (please specify type of trust, the dates) of birth of primary income beneficiaries and any conditions):

Amount: \$ _____

D. Other (please describe): \$ _____

I have enrolled my pet in the *Take Comfort* program and intend on funding this enrollment with a gift of cash or securities to provide care for my pet and thereafter for the general purposes of IVHS in the amount of \$10,000 (per pet) _____ (or more). All remainder funds from my bequest will be directed to the programs and services of the Inland Valley Humane Society & SPCA.

Is a copy of your Will/Trust attached? Yes No

(Attachments which further describe the above provisions are welcomed, in addition to the section of the will or trust in which IVHS is mentioned). In the event of unforeseen circumstances that might require changes(s) in the above, I agree to notify IVHS of such change(s).

Take Comfort Program Authorization

In the event of my/our death(s), I/we

_____ ,
give permission to the Inland Valley Humane Society & SPCA (IVHS & SPCA) to provide continuing care for the named animals including, but not limited to: housing, annual medical care, foster care and permanent adoption to a new home. I understand that every attempt will be made to fulfill the requests I have made concerning my pets' welfare, and that IVHS & SPCA will have final authority to decide what is in my pets' best interest.

Signature _____

Date _____

Signature _____

Date _____
