



HAP Perpetual Care Program Dog/Cat Profile

Name _____

Date _____

Thank you for entrusting Humane Animal Partners (HAP) to care for and rehome your beloved pet(s) should they survive you. This form will assist our staff in ensuring their well-being and finding them a loving home. Please complete separate forms for additional pets and feel free to elaborate on additional pages as needed.

Important Information

- **Gift Planning:** Perpetual care is estimated to cost approximately \$750/year for a cat and \$1,500/year for a dog. We kindly ask you to make an appropriate gift for their care.
- **Friends for Life Society Members:** If you are already a member of the Friends for Life Society and have included HAP in your estate plans, no additional contribution is required to enroll your pet in this program.
- For more details, please contact us at 302-440-3113 or giving@hapde.org.

Owner Information

Full Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Pet Information

Pet's Name: _____

Breed/Species: _____

Age/DOB: _____



Sex: Male Female

Spayed/Neutered: Yes No

Adopted from DHA, DE SPCA, or HAP? _____

Physical Description: (Color, markings, size, etc.)

Personality/Temperament: (e.g., friendly, shy, energetic, etc.)

Special Needs or Medical Conditions:

Dietary Preferences or Restrictions:

Behavioral Notes: (e.g., dislikes loud noises, separation anxiety, etc.)

What is your pet's behavior like around strangers? Other dogs and cats? Children?

Do you have any other comments that would help us place your pet in a proper home? Please add additional sheets, as necessary.



Veterinarian Contact Information:

Name: _____

Phone Number: _____

Clinic Name: _____

Notification of Passing or Incapacitation

Please designate someone to notify HAP when necessary:

Contact Name: _____

Relationship to You: _____

Phone Number: _____

Email Address: _____

Acknowledgment and Signature



- I understand that HAP will make every effort to care for and rehome my pet in a loving environment.
- I agree to the terms of the Perpetual Care Pet Program and have planned for an appropriate gift to support my pet's care.
- (Optional) I am already a member of the Friends for Life Society.

Signature: _____ **Date:** _____

Please return this form to:
Humane Animal Partners
Attn: Philanthropy Team



701 A Street, Wilmington, DE 19801

 giving@hapde.org |  302-571-0111