

# Steph's Angels Care Form

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

Pet and Owner Information:

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

Pet Breed, Name, Age: \_\_\_\_\_

Connecting Shelter/Care/Outreach Organization, Person (and signature)<sup>1</sup>: \_\_\_\_\_

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Signature of Pet Owner: \_\_\_\_\_

Good Samaritan Information:

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_

Veterinarian Information:

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_

Services Provided to Pet<sup>2</sup>: \_\_\_\_\_

<sup>1</sup> Ensure that the Verification Form is filled out.

<sup>2</sup> Staple receipt to this Form

Note To Samaritan: Save this document with original signatures as proof of your "in-kind" donation when claiming this as tax deduction per IRS requirements. 501c3 name Steph's Angels.