

CONFIDENTIAL RESPONSE COUPON

Mr/Mrs/Ms Name:

Address:

Suburb:

Postcode:

Telephone:

Email:

Date of Birth:

Additional details (optional)

- I bequeath the future care of my pets to Lort Smith - please register them in the Lort Smith Pet Legacy Program (fill in details on the reverse side of this coupon)

Please fill out and return to:

24 Villiers St, North Melbourne, VIC 3051

Please tick all that apply

- I have already included a bequest to Lort Smith in my Will
- I intend to include a bequest to Lort Smith in my next Will
- I would like to discuss a bequest or the Lort Smith Pet Legacy Program, please call me
- I would like to visit Lort Smith in North Melbourne to see how my bequest would be used, please call me

I have included

- A specific amount \$
- Residue (whole)
- Residue (percentage) %
- Specific investment or item



Lort Smith
caring for animals

Phone: 03 9328 3021

Fax: 03 9329 5347

Email: info@lortsmith.com

Web: www.lortsmith.com

ABN 87 004 238 475

LORT SMITH PET LEGACY PROGRAM REGISTRATION FORM

PET DETAILS:

PET 1

PET 2

PET 3

Pet's Name:

Date of Birth:

Species:

Breed:

Colour:

Sex:

Microchip number:

Special dietary requirements:

Behaviour prompts:

eg: frightened of loud noises, loves children, inside/outside pet, etc.

Medical Conditions:

Medications:

Current veterinarian:

Address:

Telephone:

Executor:

Address:

Telephone:

Please fill out and return to: 24 Villiers St, North Melbourne, VIC 3051