



PEACE OF MIND SOCIETY APPLICATION, PAGE 1 OF 2

PLEASE FILL OUT ONE APPLICATION PER ANIMAL THAT WILL BE ENTERED INTO THE PEACE OF MIND SOCIETY PROGRAM
(THERE IS A MAXIMUM OF SIX ANIMALS PER HOUSEHOLD PERMITTED IN THE PROGRAM).

Your name: _____

Your address: _____

Best number at which to reach you: _____

Your animal's name and age: _____

How long have you had this animal? _____

Your vet's name and contact information: _____

Please share the most recent date(s) of this animal's vaccinations and last physical examinations: _____

Does your animal have a known medical condition? _____

If so, what is it? _____

What is your method of treating this condition? _____

What do you feed this animal and how much? _____

What type of daily activity does this animal receive? _____

If not with you, where would be the perfect place (home) for this animal, in your opinion? _____

Once you join POMS, one of our staff will make an appointment to visit with you and your furry family.

The Peace of Mind Society program at Jameson Animal Rescue Ranch is committed to caring, loving, and finding the right home for your animal(s) upon your passing through our thorough adoption application, home check, and contract process.

Yes, I have read the requirements of POMS and agree to the terms of this program operated by JARR.

An annual donation to JARR (something meaningful to you, suggested at \$1,500) helps cover a portion of operating this program. Are you willing to provide this annual donation? _____

Would you like to make this payment: ____ Monthly ____ Annually ____ Bi-annually

Please let us know how you would like to be contacted for this payment:

Auto-debit on credit card number: _____

By mail; please invoice me: _____

Please list your temporary caregiver's name and number with an e-mail. Please arrange assistance from this person/s for two weeks to care for and transfer your animals to JARR as necessary upon your death.

Name of temporary caregiver: _____

Phone: _____

E-mail: _____

Thank you for taking the time to let us understand your animal's specific needs. We look forward to building this relationship with you and can assure you we will have your best interests in mind when it comes to caring for your furry family members.

Your signature: _____

Your name (please print): _____

Date: _____

Please return this form to:

Jameson Animal Rescue Ranch

1224 Adams St., Suite C, St Helena, CA 94574

A JARR associate will follow up with you to schedule some time to meet in person!