



**PEACE OF MIND
PROGRAM INQUIRY FORM**

- Yes!** I plan to enroll my pet(s) in the *Peace of Mind* Program.
- I would like will provision wording to share with my attorney.

Name

Address

City/ State/ Zip

Phone

Number and kind of pet(s)

- Please send me _____ additional brochures to share with others.
- I would like more information about the program(s) I have checked below:
 - ___ Doctor of Veterinary Medicine degree program.
 - ___ Veterinary Technology Program
 - ___ Veterinary Teaching Hospital
 - ___ Equine Sports Medicine Center
 - ___ Center for the Human Animal Bond
 - ___ Clinical Studies (Paralysis, Cancer, etc.)
 - ___ Care of pets during emergencies

Please mail completed form to:

Purdue University
School of Veterinary Medicine
Lynn Hall, Room 1177 A
625 Harrison Street
West Lafayette, IN 47907

Phone: (800)830-0104 or (765) 494-6304

Email: development@vet.purdue.edu

Website: <http://www.vet.purdue.edu>