

**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.

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Name

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Address

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City/ State/ Zip

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Phone

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Number and kind of pet(s)

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- 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  
College of Veterinary Medicine  
Lynn Hall, Room 1177 A  
625 Harrison Street  
West Lafayette, IN 47907

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

Email: [PVMgiving@prf.org](mailto:PVMgiving@prf.org)

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