



Covenant Pet Trust, Inc.

P.O. Box 1172 Lake City, FL 32056

Phone: (386) 288-1339

CPT Pet Planning Legacy Partner Application

Your organizations registered name: _____

Physical address: _____

Mailing address: _____ City: _____ State: _____ Zip _____

Organizations contact person: _____ Office Phone: _____

Emergency cell phone: _____ Email: _____

Organizations Website address: _____

Facebook address: _____

Name of Executive Director: _____ Phone: _____

Emergency contact Name: _____ Phone _____

Approximate number of annual adoptions: _____ Do you provide animal control services? _____

Do you euthanize for space? _____ What programs do you offer to the public? _____

Do you have a facility? _____ If so where is it located? _____

Number of employees: _____ Number of Volunteers: _____

Number of foster homes: _____ Can you provide medical or foster hospice homes? _____

Name of organizations Veterinarian: _____ Phone: _____

Are you a registered 501C3? _____ Please provide us with a copy of your letter of determination.

What is your mission statement? _____

Print name: _____ Signature: _____

Title: _____ Date: _____

----- CPT USE ONLY -----

Approved by: _____ Title: _____ Date: _____