

# Pet Memorial Information Sheet



Veterinarian Name \_\_\_\_\_

Animal Hospital/Clinic \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supporting:  Excellence in Pet Care Endowment  
 Human Animal Bond  Veterinary Medical Center

Total Donation \_\_\_\_\_

Suggested donation: \$15 per pet

Check Enclosed Ohio State  
 Make Payable to "The Ohio State University Foundation"  
 VISA or MC \_\_\_\_\_ Exp. \_\_\_\_\_

Please print or type so we can process the memorials accurately.

PET'S NAME	OWNER'S NAME	STREET ADDRESS	CITY	STATE	ZIP	DONATION

Please send form to: Office of Advancement, Veterinary Medicine Academic Building, 1900 Coffey Road, Columbus, Ohio 43210  
**If you have questions, please call (614) 688-8433.**