

Memorial Card Order Form

Ordering veterinarian, clinic, hospital or organization:

Name: _____

Street or PO Box: _____

City: _____ Zip Code _____

Name of individual, clinic, hospital, etc., as you want it printed inside the cards: _____

Estimated annual euthanasias: _____

Number of cards requested: _____

Card design: _____ (Select from design choices on website)

Ordered by: _____ Date: _____

Telephone: _____ (In case we have questions)

Send the completed form to:

HABT

PO Box 280467

Lakewood, Co. 80228

If you have any questions or if you would like to order by phone or e-mail:

Call: Ann Johnson

303-861-5699

E-Mail:

cards@petlossdenver.org