

Virtual Memorial Form

Memorial information

Pet's name: _____

Breed: _____

Birth date: _____

Death date: _____

Description: _____
(limit to 30 words please)

Owner information

First name: _____

Last name: _____

Phone number: _____

Billing address: _____

City: _____

State: _____

Zip: _____

Credit card information

Credit card type: _____

Credit card number: _____

Expiration: _____ / _____

Signature: _____

Please mail this form to:

Virtual Pet Memorial Program
School of Veterinary Medicine
2015 Linden Dr.
Madison, WI 53706

(608) 263-5152

Checklist:

- Payment (credit card information, check)
- Photograph (**PHOTOS WILL NOT BE RETURNED**)
- Printed form

Please make checks payable to:
UW Foundation