petco
THE HEALTH + WELLNESS CO.

CERTIFICATION OF AND/OR CHANGE OF DOMESTIC PARTNERSHIP STATUS

Partner Name: _____ Partner Employee ID: _____

Complete this form to certify your Domestic Partnership Status

Information provided on this form is effective as of the date signed below.

I, _____ and _____ , herby certify as follows:
Petco Partner Domestic Partner

Establishment of Domestic Partnership:

1. The effective date of our partnership is _____.
2. We are at least 18 years of age.
3. We are in an exclusive, committed relationship that is intended to be permanent.
4. We currently share a principal residence and intend to do so permanently.
5. We are not related to each other by blood or to a degree of closeness that prohibits marriage.
6. We have mutually agreed to be responsible for each other's common welfare.
7. Neither of us are legally married to another person.

The children listed below are children of my Domestic Partner and meet the following requirements:

1. Are under age 26, OR
2. Are under age 26 and mentally or physically disabled and fully dependent on me for financial support and care

Domestic Partner Dependent's Name	Date of Birth	Gender	Social Security Number

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Termination of Domestic Partnership:

1. The partnership terminated effective as of _____.
2. We both agree and are aware that the partnership has terminated.

We hereby agree to notify you if there is a change of circumstances of the information certified in this form within 30 days of the change. We hereby acknowledge and understand that any information provided that is later determined to be false, may subject the partner to sanctions pursuant to employment Petco policy.

We hereby affirm, under penalty of perjury or that the information provided in this Certification, is true and correct to the best of our knowledge and belief.

Date: _____ Signature: _____
Partner

Date: _____ Signature: _____
Domestic Partner

Return benefits@petco.com