PET HELP APPLICATION

NAME _____

ADDRESS _____

CITY _____ ZIP_____

PHONE _____ EMAIL _____

PET _____ GENDER _____ BREED/COLOR _____

AGE _____ SPAYED/NEUTERED _____ TIME YOU'VE HAD YOUR PET _____

VETERINARIAN _____ PHONE _____

ADDRESS _____

DATE OF LAST VET VISIT _____

DIAGNOSIS OR DESCRIBE PROBLEMS

MEDICATIONS _____

ESTIMATED COST OF TREATMENTS _____ (*Attach estimate from vet.*)

TOTAL FAMILY ANNUAL INCOME _____
Attach proof of income (tax return, disability record, unemployment record, payroll stub, etc.).

REASONS YOU NEED FINANCIAL ASSISTANCE

By signing below, I authorize my veterinarian/s to discuss my animal's health records and care with Palo Alto Humane Society (PAHS).
I also authorize PAHS, if funding is approved, to share my animal's information and photo/s as PAHS sees fit.
I attest that the information I provide is true and correct and I am applying for assistance because I am in financial need and would otherwise be unable to treat my animal.
I release PAHS from any and all liability connected with any assistance I may receive.

_____ _____
SIGNATURE DATE

Email to: **PAHS@paloaltohumane.org** *Or mail to:* **P.O. Box 60715, Palo Alto, CA 94306**