



PET ASSISTANCE APPLICATION

FAMILY PET ADVOCATES

P.O. BOX 194

TIVERTON, RI 02878

familypetadvocates@gmail.com

Date _____

Applicant Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Numbers _____ Email _____

How many pets are in your care? Dog(s) _____ Cat (s) _____

Do you need help providing food for your pets? Yes No

If yes, please list any special needs, keeping in mind that we rely on donations and options may be limited. _____

Do you need supplies for your pets? Leash Collar ID tags Crate Carrier
 Comb/Brush Litter Box Scoop Cat Litter Flea/Tick preventatives

Do you need help with transportation to vet or groomer appointments? Yes No

Do you need help with grooming your pets? Yes No

Do you need temporary care for your pets due to hospitalization, illness or injury? Yes No

Do you need financial assistance to help with the cost of vetting your pets? Yes No

Do you currently have a veterinarian for your pets? Yes No

If yes, Veterinarian _____ City & State _____

Are all of your pets spayed/neutered? Yes No

Are all of your pets current on their rabies vaccines? Yes No

Are all of your pets current on their distemper vaccines? Yes No

If you have dog(s), are they current on heartworm testing & preventatives? Yes No

If you answered no to any of the vetting questions, for which of the above do you need help to find vetting options? Please list all: _____

Description of the pet(s) for which you require assistance:

Name _____ Dog or Cat (circle one) Approximate Weight _____

Breed _____ Male or Female (circle one) Age _____ Color _____

Name _____ Dog or Cat (circle one) Approximate Weight _____

Breed _____ Male or Female (circle one) Age _____ Color _____

Name _____ Dog or Cat (circle one) Approximate Weight _____

Breed _____ Male or Female (circle one) Age _____ Color _____

If you are requesting help with food and/or supplies, or financial assistance with vetting, do you currently qualify for State or Federally Funded Welfare Program, Food Stamps, Medicaid, Social Security, SSI Disability, Unemployment?

Yes No Not Applicable

If you are requesting help with food and/or supplies, or financial assistance with vetting and do not qualify for government assistance, are you currently experiencing a financial hardship (loss of home, extreme medical expenses)

Yes No Not Applicable

If yes to either, please provide proof of assistance.

Pet Assistance Agreement:

By signing below, I have read the above information carefully and have filled out the application honestly. I understand that the omission of information and/or failure to answer all questions can result in the application being declined. I understand that eligibility for this program is determined by Family Pet Advocates board members and the decision is based on various factors, including the resources available to Family Pet Advocates. I hereby certify that I am the rightful owner of the pets who is/are the subject of this Pet Assistance Form, hereinafter referred to as "the pet(s)." I certify that no other person has a right of property to the pet(s). Initial _____

I hereby release and forever discharge Family Pet Advocates from any and all rights, claims, obligations, liabilities, and causes of action whatsoever arising out of or relating to the ownership, possession, or disposition of the dog, and I agree to indemnify and hold harmless Family Pet Advocates from and against any and all such rights, claims, obligations, liabilities, and causes of action which may be asserted by third parties. Initial _____

I also authorize the release of any veterinary records regarding the pets. Initial _____

Signed _____ Date _____

Printed Name _____ Phone _____

Cell Phone _____ E-mail _____

Address _____ City _____ State _____ ZIP _____

I grant Family Pet Advocates the right to use my pet(s)'s photograph without compensation. Granting permission is optional and does not impact the application for assistance. Initial _____

Family Pet Advocates Representative _____ Date _____