

APPLICATION FOR FINANCIAL AID FROM THE ORANGE COUNTY SPCA
PLEASE FILL IN ALL SECTIONS PERTAINING TO YOUR REQUEST
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

For Spay Neuter complete sections 1 and 3 OR For financial aid complete ALL sections

1. INFORMATION ABOUT YOU

Name: _____ Address: _____

City: _____ Zip: _____

Home phone: _____ Cell Phone: _____ Email address: _____

Name of Employer: _____ Phone # of Employer: _____

MONTHLY INCOME: Combined gross income for all adults in household (proof may be required) Please check appropriate box
 Less than \$1,000 \$1,000 - \$2,000 \$2,000 - \$3,000 \$3,000 or more

Number of adults in your household: _____ Numbers of pets in household: _____

PLEASE CHECK ALL THAT APPLY TO YOUR HOUSEHOLD:

Employment income

Unemployment income

Social Security income

Retirement pension

Workers compensation

Disability income

Child support income

Food stamps

Government aid/welfare

Help from family and friends

Other assistance-explain _____

Care Credit application results: approved denied

If your Care Credit application was approved how much did you receive? _____

INFORMATION ABOUT YOUR PET

Pet's name: _____ Dog Cat: Feral Domestic

Male Female Weight: _____ Where did you get this animal? _____

Breed: _____ Age: _____

Name of your pet's veterinarian: _____ Phone number: _____

Where is your pet at this time? Home Vet Other- explain _____

(REQUIRED) What other animal groups have you asked for assistance? _____ Have you received assistance from the OCSPCA in the past?
 Yes No

How much have they pledged? _____

Have you contacted family, friends, credit card companies, etc. to ask for some assistance? _____

Have you discussed a payment plan with the veterinarian? _____

How much of this obligation can you pay? _____

If requesting spay/neuter **only**, skip to the last box on the form.

REQUEST FOR FINANCIAL ASSISTANCE FOR EMERGENCY CARE

2. PET'S CONDITION AND PROGNOSIS

Diagnosis and condition-what are the symptoms or what is the illness or injury?

What treatment is needed?

Is the pet receiving treatment now OR is the treatment/surgery scheduled? If yes, when?

Prognosis:

Estimated cost of treatment \$

Name of veterinarian treating pet:

Will your pet die or need to be euthanized (put to sleep) if not treated immediately? If yes please explain:

Animal Hospital:

Phone #

Fax #

Is your pet fixed? () yes () no Spaying and neutering will make your pet healthier and extend its life. Many pets are needlessly put to sleep every year in our shelters because of over population. Be a part of the solution. If the veterinarian determines your pet is healthy enough at the time of treatment or after it has recovered, do you authorize your pet to be fixed? () yes () no

Owner's signature: _____

3. MUST BE COMPLETED Please explain your financial hardship; why are you unable to pay for your pets veterinary care?

Please be aware that the OCSPCA is a local non-profit organization, is not part of a national charity and all funds come from public donations. At some time in the future, when your situation improves, can we count on you to make a donation to help another animal in need? [] Yes [] No

I declare under penalty of perjury that the information provided above is true and correct to the best of my knowledge and I give the OCSPCA permission to verify any information provided.

Signature

Date

PLEASE RETURN FORM:

By fax: (877) 398-3898

By mail: Orange County SPCA, PO Box 6507, Huntington Beach, CA 92615

OR: Scan and email to ocspca@verizon.net

After review of this completed form, an OCSPCA Representative will contact you.