

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

**1. INFORMATION ABOUT YOU:**

Name:

Address:

City:

Zip:

Phone:

Alternate Phone:

Email:

Name of Employer:

Phone # of employer:

Number of adults (Age 18+) in your household:

Number of minors (Age 0-17):

Number of pets in household:

Number of unspayed/unneutered pets:

Monthly Income: Combined Gross Income for all adults in household including all forms of potential income listed below (proof may be required)

less than \$1000     \$1000-2000     \$2000-3000     \$3000-4000     \$4000+

What is your monthly rent or mortgage payment (verification may be required)?

**PLEASE CHECK ALL THAT APPLY TO YOUR HOUSEHOLD:** Employment Income Child Support Income Unemployment Income Food Stamps/SNAP/WIC Social Security Income Government Aid/Welfare Retirement Pension Help from family and friends Worker's Compensation Financial aid for school Disability Income Other Assistance:

Have you received assistance from OCSPCA in the past? If yes, please explain.

**REQUIRED:** Care Credit Application Results:  Approved     Denied    Denial Code: \_\_\_\_\_

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

**REQUIRED:** What other animal groups have you asked for assistance?

How much have they pledged?

Have you contacted family, friends, credit cards companies, etc. to ask for assistance?

Have you discussed a payment plan with the veterinarian?  Yes     No

How much of this obligation can you pay?

Estimated cost of treatment:

Has estimate been faxed?  Yes     No

**REQUIRED: EXPLAIN YOUR FINANCIAL HARDSHIP.** Why are you currently unable to pay for your pet's veterinary care?

**2. INFORMATION ABOUT YOUR PET:**

Pet's Name:		<input type="checkbox"/> Dog <input type="checkbox"/> Cat: <input type="checkbox"/> Domestic <input type="checkbox"/> Feral <input type="checkbox"/> Rabbit <input type="checkbox"/> Other	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Weight:	Breed:	Age:
How long have you had this animal?		Where did you get this animal?	
Name of your pet's veterinarian:			
Phone #:			
Diagnosis and Condition - What are the symptoms? What is the illness or injury?			
What treatment is needed?			
What will happen to your pet if left untreated? Is euthanasia an option?			
Is your pet receiving treatment now OR is the treatment/surgery scheduled? If yes, when?			
Name of vet treating pet:			
Animal Hospital:		Phone #:	
Where is your pet at this time? <input type="checkbox"/> Home <input type="checkbox"/> Vet <input type="checkbox"/> Other - explain			
Is your pet fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Spaying and neutering will make your pet healthier and extend its life. Many pets are unnecessarily euthanized every year in shelters because of pet overpopulation. Be part of the solution. If the veterinarian determines your pet to be healthy enough at the time of treatment or after it has recovered, do you authorize your pet to be fixed?

Yes  No

HOW DID YOU HEAR ABOUT US?

Please be aware that the OCSPCA is a local non-profit organization that is not part of a national charity. 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? Please note that in order to keep you aware of the OCSPCA's ongoing work with animals in need, we will add you to our email list to receive emails approximately once per month.

Yes  No

Do you authorize the OCSPCA to utilize your pet's story to spread awareness about the organization's cause on our social media (Facebook, Instagram, email blasts)? *Please note we will ask for pictures and a short testimonial from you for our success story section.*

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 [info@ocspca.com](mailto:info@ocspca.com)

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

Please visit our website at [ocspca.com](http://ocspca.com) to learn more about us.