



**ORANGE COUNTY ANIMAL ALLIES
FINANCIAL AID FOR CRITICAL VETERINARY CARE APPLICATION**

PLEASE FILL IN ALL SECTIONS AS THEY APPLY TO YOU.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

INFORMATION ABOUT YOU

Name:

Address:

City/Zip:

Preferred Phone Number:

Email:

Name of Employer:

Phone Number of Employer:

Single or Married:

Number of Legal Dependents:

What is your MONTHLY gross income?
Please provide your MONTHLY income before taxes.

What is your spouse's MONTHLY gross income?
Please provide your spouse's MONTHLY income before taxes or "N/A" if single.

What is your source of income? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Employment Income | <input type="checkbox"/> Child Support Income |
| <input type="checkbox"/> Unemployment Income | <input type="checkbox"/> Food Stamps/SNAP/WIC |
| <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Government Aid/Welfare |
| <input type="checkbox"/> Retirement Pension | <input type="checkbox"/> Help from family and friends |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Financial aid for school |
| <input type="checkbox"/> Disability Income | <input type="checkbox"/> Other Assistance: |

What is your living situation?
Please indicate if you own, rent, couch surf, etc.

Are you responsible for rent or mortgage payment? **YES** **NO**

If applicable, what is your monthly rent or mortgage payment?

Please only provide YOUR PORTION of the payment if you split with someone else.

Explain your financial hardship. Why are you unable to pay for your pet's veterinary care?

Have you applied for Care Credit? If so, were you approved or denied?

Approved: \$ _____

Denied: Denial Code _____

| INFORMATION ABOUT YOUR PET | | |
|---|--|--|
| Pet's Name: | <input type="checkbox"/> Dog <input type="checkbox"/> Cat | Breed: |
| Pet's Age: | Pet's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Is your pet fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pet's Weight: | How long have you had this pet? | Where did you get this pet? |
| Name and number of pet's regular veterinarian: | | |
| Where is your pet at this time? <input type="checkbox"/> Home <input type="checkbox"/> Vet <input type="checkbox"/> Other: _____ | | |
| Diagnosis and Condition - What are the symptoms? What is the illness or injury? | | |
| What treatment is needed? | Estimated cost of treatment: Has estimate been faxed? YES NO <i>Please make sure to provide a copy of the estimate from the vet.</i> | |
| Is euthanasia an option? YES NO | Is pet receiving treatment now or is the treatment scheduled? YES NO Scheduled date: _____ | |
| Name and number of vet hospital treating pet: | | |
| Have you discussed a payment plan with the veterinarian? YES NO | How much of this obligation can you pay? | |
| What other pet aid groups have you asked for assistance? | How much have they pledged? | |
| Have you received assistance from OC ANIMAL ALLIES/OCSPCA in the past? If yes, please explain. | | |

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| How did you hear about us? |
| <p>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 is has recovered, do you authorize your pet to be fixed?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My pet is already fixed</p> |
| <p>Do you authorize the OC Animal Allies 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.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Please be aware that the OC ANIMAL ALLIES is a local non-profit organization that is not part of a national charity. We ARE NOT affiliated with the ASPCA. 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 OC ANIMAL ALLIES’ ongoing work with animals in need, we will add you to our email list to receive emails approximately once per month.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>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 OC Animal Allies permission to verify any information provided.</p> <p>Signature: _____ Date: _____</p> |

| HOW TO SUBMIT YOUR APPLICATION FORM | |
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| By fax: | (877) 398-3898 |
| By mail: | Orange County ANIMAL ALLIES PO Box 6507, Huntington Beach, CA 92615 |
| By email: | info@ocanimalallies.org |

Once received, applications are processed within 1 business day.
 Priority is given to critical and emergency cases.
 Please visit our website at ocanimalallies.org to learn more about us.