



SECOND CHANCE PETS

WELFARE OF OUR FURRY FRIENDS (“WOOFF”)

Application for Assistance

Economic hardships can prevent people from caring for the animals they love. When circumstances threaten the bonds between people and their pets, Second Chance Pets (SCP) has designed the WOOFF program to be a potential source of aid. The goal of the WOOFF Program is to help pets who need medical care and also to assist owners who need help having their pets spayed or neutered. The typical grant is between \$100 to \$500. Decisions are based upon several factors including medical urgency, financial need and available funding. In order to be eligible to receive a WOOFF grant you must demonstrate financial need, live in the SCP service area and be willing to speak with a SCP representative regarding any additional questions or concerns. All funding is provided directly to the participating veterinary clinic and no benefit dollars are paid directly to any pet owner.

**If your pet is in need of immediate care, where any delay will put your pet at risk, it is your responsibility and duty to seek care for your pet immediately. There is no guarantee that the WOOFF Program will be able to provide financial assistance. Second Chance Pets reserves the right to deny financial assistance for any reason.*

Section 1 - About the Applicant

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Additional Phone Number _____

Email Address _____

How many adults are in your household? _____

How many children (under 18) are in your household? _____

What is your annual household income before taxes? (Please include the combined income of all residents). \$ _____

Describe your financial hardship (i.e. circumstances that prevent you from being able to afford the animal’s treatment).

CONFIDENTIAL (when completed)

Which of the following applies to you? (Please check all that apply.)

- Unemployed Fixed Income
 Disabled None of these
 65 or over
 Military veteran/Active military/Military spouse

How did you hear about the WOUFF Program? _____

Section 2 - About Your Pet

Dog or Cat?	Name	Pet's Breed	Sex	Age	Vaccines Current?	Spayed or Neutered?

How long have you owned your pet? _____

If available, please submit a photo of your pet that needs assistance.

Please list all other pets in your home.

Dog or Cat?	Name	Pet's Breed	Sex	Age	Vaccines Current?	Spayed or Neutered?

What type of assistance are you requesting?

- Spay/Neuter Medical Treatment Other

***If you are only requesting spay/neuter assistance for your pet, please proceed to page 5, Section 5 – Signature. For all other requests please fill out all remaining sections.**

Section 3 - About the Pet's Injury or Illness and Treatment

Describe your pet's injury or illness and tell us how and when it occurred. Please be specific.

What treatment has been provided? _____

What treatment is still needed and what is the estimated cost?

According to your veterinarian, what is the prognosis of your pet if treated? And if not treated?

Is the animal at a vet clinic now?

Yes _____ No _____

How much have you already paid for treatment for this injury/illness? \$_____

How much more can you personally contribute toward the upcoming treatment?

\$_____

If you have created an online fundraiser, please list the web links here:

Have you applied for Care Credit? (for information about Care Credit please visit

<http://www.carecredit.com/vetmed/>)

Yes _____ No _____

**Please note that SCP will require that all animals be spayed/neutered, if not already spayed/neutered, as part of their medical treatment provided that it can be performed safely.*

Section 4 - About the Vet Clinic Treating Your Pet

Clinic Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Fax Number _____

Email Address _____ Contact Name: _____

Does any estimate of treatment include both a low end and a high end amount? If so, please give the range. _____

If you already have an estimate for veterinary care in writing, please attach it. Having this information will help us to process this application more quickly.

[Signature page below; your application is not complete until you have signed it]

Section 5 - Signature

I have read and agree to the grant qualifications and information on page 1. By submitting this application, I agree that it has been completed in good faith and I understand that incomplete applications and/or the submission of false information may result in my application being denied. By signing this application, I authorize any vet clinic that has treated my pet to release medical information to Second Chance Pets. I also authorize and consent to Second Chance Pets utilizing my pet's photograph, name, medical treatment and story for any informational and promotional purposes.

Signature of Applicant

Date: _____

Print Name

Upon completion please email your application to 2ndchancepetsboard@gmail.com, or bring your application to the Petco at Bay Area and Space Center on any Saturday between the hours of 10:30am and 3:00pm

FOR SCP USE ONLY:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Hold
Comments/Notes: _____			

SCP Representative: _____			
Date: _____			
Printed Name _____			