



## Assistance Request Form

**A completed and submitted request is required for consideration and does not guarantee financial assistance. Auburn Valley Humane Society (AVHS) cannot assist with already completed or paid services. Requests may take up to a week to process.**

Financial assistance is limited to:

- Medical needs
- Spay/neuter surgeries
- Behavioral support
- Crisis pet fostering

It is your responsibility to seek immediate critical care for your pet, if your pet is in an emergency where a delay will put its life at risk.

Auburn Valley Humane Society must approve all requests before services and/or supplies are rendered. Financial support is provided solely based on availability of funding. We strongly recommend reaching out to other organizations for financial support as well.

**Available funds are intended for income qualified pet owners. Be prepared to provide proof of income qualification as it may be required in addition to your completed request form.**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Type: Dog Cat Other: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Is your Pet Spayed/Neutered? Yes No

Is your Pet Licensed? Yes No License #:

Do you have pet insurance? Yes No

Have you applied for Care Credit or Scratch Pay? Yes No

Have you contacted other resources for assistance? If so, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for assistance request:

Routine veterinary care

Please describe what care your pet requires: \_\_\_\_\_

\_\_\_\_\_

Non-routine veterinary care

Please describe what care your pet requires: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the estimated cost for treatment of the illness or injury? \_\_\_\_\_

**A copy of the estimate from your vet office must be turned in along with your completed form. This can be emailed to [programs@auburnvalleyhs.org](mailto:programs@auburnvalleyhs.org) OR handed in at the shelter.**

Pet Spay/neuter

Do you also require vaccinations or a microchip?

Behavioral support

What behavior(s) are you seeing that are causing you to seek out assistance? \_\_\_\_\_

\_\_\_\_\_

Crisis pet fostering

Please explain your current crisis situation and note approximately how long your pet(s) require a foster home:

\_\_\_\_\_

\_\_\_\_\_

My preferred method of contact is:

Phone

Email

I verify that the above information is correct and true to the best of my knowledge. I also understand by submitting this application I may not be granted funding through this program, and that this funding is only available one time per household. The Auburn Valley Humane Society has my permission to use provided photographs and information for promotional and grant reporting purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for submitting your Financial Assistance Request Form. **Requests may take up to a week to process and the approval of any request will be dependent on the funding we have available at that time.** We strongly recommend reaching out to other organizations for financial support as well.

The AVHS Special Programs Coordinator will reach out to you via your preferred method of contact with any questions or updates regarding your application. If you do not respond within 24 hours after AVHS contacts you, your applications will be denied. If you have questions in the meantime, please email [programs@auburnvalleyhs.org](mailto:programs@auburnvalleyhs.org).