



PRINCE CHUNK

FOUNDATION

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| Blackwood |

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“Emergency Veterinary Care Assistance Program” Pre-Approval Application

(Please Note: Processing Time May Take up to Two Weeks)

About the Applicant

Name: _____
_____ (Last) (First) (Middle Initial)

Address: _____

P.O. Box #: _____

City: _____ State: _____
Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Where do you live? House Condo Apartment Mobile Home
Student Housing Military Housing Other

Household Size: 1 2 3 4 5 6 7 8

Do you: Own Rent Live with Parents/Relatives Live with Friends

Parents/Relatives Name and Phone Number (if applicable):

Name: _____

Phone Number: _____

Landlord’s Name and Phone Number (if applicable)

Name: _____

Phone Number: _____

Length of Residency: _____

Are you planning on moving within the next year? Yes No

If yes, what are you planning to do with your companion?

Have you ever been charged with animal cruelty? Yes No

If so, please indicate the police department and report number:

Police Department:_____

Report Number:_____

Tell Us About Your Companions

Please list all companionship animals that are presently part of your family below:

Species	Name	Breed	Age	Sex	Spayed/ Neutered	Up-to-Date on Shots/Vet Visits
Cat Dog				M F	Y N	Y N
Cat Dog				M F	Y N	Y N
Cat Dog				M F	Y N	Y N
Cat Dog				M F	Y N	Y N

Do you currently have a Veterinarian for your companion(s)? Yes No

Veterinary Hospital's

Name:_____

Veterinary Hospital's Phone Number:

If your companion(s) is (are) not spayed/neutered, what are your plans to have this done?

When and how was (were) your companion(s) acquired?

Where is (are) your companion(s) kept during the day/night?

Where is (are) your companion(s) kept when left alone?

How many hours per day is (are) your companion(s) left alone without human companionship? _____

Prince Chunk Foundation Inc. Application Disclaimer

I certify that the information given by me in this application is true and complete. I further understand that any falsified information that I provide will terminate the reviewing process immediately. I hereby authorize release/disclosure of records and/or other information concerning the above inquiries, including but not limited to employment information, tenancy information, and veterinarian records. The Prince Chunk Foundation Inc. reserves the right to refuse any application it considers unsatisfactory.

By signing this application, you agree to the above contract, and confirm that all information provided is the truth to the best of your knowledge.

Signature:_____

Date:_____