



# PRINCE CHUNK

## FOUNDATION

P.O. Box 8044

| Blackwood |

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### “Emergency Veterinary Care Assistance Program” Application

#### *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  
Other

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 Companion***

Animal Name: \_\_\_\_\_

Species: Cat Dog

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male Female Spayed/Neutered: Yes No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you acquire the animal (mm/yy)? \_\_\_\_\_

How was your companion acquired?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is your pet kept during the day/night?

\_\_\_\_\_  
\_\_\_\_\_

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Where is your companion kept when left alone?

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How many hours per day is your companion left alone without human companionship?

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***About Your Companion's Injury/ Illness and Treatment***

Describe your companion's injury/ illness. Include a description of the injury/illness, how long the animal has been sick/ injured and the cause of the injury or illness.

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If known, indicate the specific treatment needed, the urgency of the treatment and any follow-up care required.

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If known, what is the estimated cost of the treatment? \_\_\_\_\_

How much can you contribute? (if applicable) \_\_\_\_\_

***About the Veterinary Hospital Treating the Animal (if applicable):***

Veterinary Hospital Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_

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

**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: \_\_\_\_\_