

HELPING HANDS



P.O. Box 1451
Hudson, WI 54016
helpinghands4pets.com
715.781.8505

GENERAL ASSISTANCE APPLICATION

Helping Hands for Pets (HH4P) is a 501(c)3 non-profit organization dedicated to keeping pets in their homes where they are cherished and loved. The General Assistance Program provides qualified pet owners in Western Wisconsin basic financial assistance to keep a pet in its home rather than being surrendered to a shelter or euthanized due to financial limitations. Assistance available covers basic needs including, but not limited to, food, medical care, and behavioral issues. Donations and memberships are used to fund this program.

Application Instructions: Complete the *entire* application below and mail it to:
Helping Hands for Pets • P.O. Box 1451 • Hudson, WI 54016

If your application is approved, you will be contacted and provided information on services we are able to assist with. Please note, this program is funded solely by donations and memberships, so assistance may depend on funds available. Please complete a separate application for each pet in need of assistance.

SECTION 1: PERSONAL & FINANCIAL INFO

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Type of assistance needed?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> General Wellness |
| <input type="checkbox"/> Food | <input type="checkbox"/> Behavior |

How did you hear about us?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Vet |
| <input type="checkbox"/> Animal Facility | <input type="checkbox"/> Other: _____ |

Have you received assistance from us before?

- Yes If yes, when? _____
- No

Household income level: \$ _____

Number of people in household: _____

Do you receive assistance from any government programs? If yes, please check all applicable boxes:

- | | |
|--|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Family Temporary Assistance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Unemployment Benefits | _____ |

Describe your personal financial situation in more detail: _____

SECTION 2: YOUR PET

Pet's Name: _____

DOG CAT Other: _____

Breed: _____

Sex: Male Female Age (years/months): _____

Spayed/Neutered: Yes No

Length of Ownership: _____

Up-to-date on rabies vaccination: Yes No

Date and reason for last vet visit (use back if needed): _____

Veterinarian Name: _____

If you are seeking food assistance, please indicate type of food needed:

- | | |
|---|--|
| <input type="checkbox"/> Adult Dry | <input type="checkbox"/> Adult Canned |
| <input type="checkbox"/> Puppy/Kitten Dry | <input type="checkbox"/> Puppy/Kitten Canned |

Does your pet have allergies or require special food?

- Yes No

How much do you feed your pet per day? _____

Please describe in more detail your pet's needs (use back if needed): _____

Would you allow us to take a photo of your pet to be used for marketing purposes? Yes No

If yes, please sign to release image: _____

By completing this form, you agree that all information on this form is accurate and will provide requested financial documentation, access to your current veterinarian and/or other medical provider and a photograph of your pet. No money will be issued directly to the applicant; all payments will be made directly to the vet or medical provider. Completion of this application does not guarantee you will receive assistance. Your application will be reviewed and responded to in the order it was received. Please note: we require all recipients to undergo spay/neuter surgery to receive additional services. The undersigned hereby releases Helping Hands for Pets, Inc. and its board members, members, and volunteers from liability in the unfortunate event the recipient's pet sustains additional injury, illness or death as the result of the assistance provided by the organization.

Signature: _____ Date: _____