

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, medical care. Donations and memberships 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, we will contact you to provide information on services we are able to assist with. As this program is funded solely by donations and memberships, assistance may depend on funds available. Please complete a separate application for each pet in need of assistance.

SECTION 1: PERSONAL & F	INANCIAL INFO SECTION 2: YOUR PET
Name:	Pet's Name:
Address:	□ DOG □ CAT □ Other:
City/State/Zip:	Breed:
Phone:	Sex:
E-mail:	□ No
Type of assistance needed?	Length of Ownership:
☐ Acute Care ☐ General	Wellness Up-to-date on rabies vaccination: Yes No
How did you hear about us? Internet Animal Facility Other:	Date and reason for last vet visit (use back if needed):
Have you received assistance from us befo ☐ Yes	vetermanan rame:
Household income level: \$	Please describe in more detail your pet's needs (use back if needed
Number of people in household:	
Do you receive assistance from any goverr yes, please check all applicable boxes:	nment programs? If
	Temporary Assistance
	please specify:
Unemployment Benefits	
Describe your personal financial situation	Would you allow us to take a photo of your pet to be used for
	If yes, please sign to release image:
NOTE: Assistance may or may not be available in	n feral and hoarding cases. Cases will be considered on a per sitation basis and depend on available funds.
By completing this form, you garee that all in	formation provided is accurate and that you will also provide requested financial documentation

By completing this form, you agree that all information provided is accurate and that you will also 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:	