



*Sticky the Kitty Foundation*  
501(C)(3) NONPROFIT PUBLIC CHARITY

## REQUEST FOR ASSISTANCE

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

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

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

Currently Employed? YES NO Monthly Income: \_\_\_\_\_

Pets Name: \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_ (mark one)

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

Neutered/ Spayed: YES NO

What assistance are you looking for? (check all that apply)

- Food/ Formula
- Vaccinations
- Routine pet exam
- Neuter/ spay
- Medication
- Illness
- Euthanization/ Cremation service
- Vet bills (we do not reimburse for paid services)
- Other (please explain): \_\_\_\_\_

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

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

Please email completed form to [stickythekitty503@gmail.com](mailto:stickythekitty503@gmail.com)

If your pet is having an emergency, please take them to your local emergency vet!

Because we rely solely on donations, we have limited funds and cannot guarantee assistance.