



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
- Emergency Services
- Illness
- Euthanization/ Cremation service
- Vet bills (we do not reimburse for paid services)
- Other (please explain): _____

Signature: _____

Date: _____

Please email completed application to info@stickythekittyfoundation.org

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.