

1. Contact Information

4. Situation & Help Needed



Five O'Clock Sanctuary Assistance Application

Full Name:	
Email Address:	
Phone Number:	
City & State:	
2. Animal Information	
Pet's Name:	
Species & Breed:	
Age:	_
Gender:	
Spayed/Neutered?	(Yes/No):
3. Type of Assistance Requested	
o. Type of Assistance Nequested	
[] Food [] Veterinary Care [] Supplies [] Other:	

Please tell us your situation and what kind of help you are seeking. We are a small but mighty

nonprofit and want to understand how we can best support you and your pet.

Please list if you have 1. 2. 3.		w-cost veterii	nary clinics	or vets nea	ar you. Pu	t a star (*) next to	the one yo	ou prefer
6. Food A	Assistan	ce							
Please	be	specific	about	what	kind	of	food	you	need.
Brand(s):							_	_	
Wet, dry,	or both?								
Any		dietary		needs		or		rest	trictions?
	t specific	ms Needed s like size, typ	oe, and bra	ınd if possib	ole.				
		/ed/neutered?	P[]Yes [1No [1N	o. but I wo	ould like	help		
		ctuary prioritiz					•	whose a	uardians
		g toward it.			, ,		,	J	
We are u	nable to s	support irresp	onsible or	profit-based	d breeding	situatio	ns, but we	are happ	y to help
you acces	ss spay/n	euter resourc	es if cost is	s a barrier.					
9. Urgend	Э у								
Is this tim	e-sensitiv	ve?[]Yes [] No						
If was nia	aca avnl	ain:							

5. Veterinary Options

10. Optional Supporting Materials

You may include photos of your pet, vet bill, screenshot of an online cart, or anything else that will help us understand your situation.

11	. Con	sent	for	Stori	ies/P	hoto	s

Can we share your pet's story or photo on our social media or fundraising pages to inspire others and help more animals?
[]Yes []No
12. Payment Policy
We do not send money directly to individuals or to GoFundMe accounts.
We pay veterinarians, clinics, and stores directly.
[] I understand and agree.
13. How Did You Hear About Us?

[] Facebook [] Instagram [] Friend/Family [] Vet [] Other: