

ST. FRANCIS PET ASSISTANCE FORM

Norman residents only

St. Francis Animal Resource Center, Inc.

501c3 Charitable Organization

Client profile: *Your information is kept strictly confidential unless you authorize us to release.*

Name of Applicant: _____ Birthdate: _____

What is your total monthly income: \$ _____

Others living in the home: _____

What is their total monthly income: \$ _____

Birthdate(s): _____

Street Address _____ City: _____ Zip: _____

Phone: _____

Are you Over 65 U.S. Veteran

Email address _____

Preferred method of contact: text phone email

How did you hear about us? _____

What are your circumstances for needing help with your pet(s)?

In case of emergency, contact: _____ Phone: _____

I agree

- Due to my financial situation, I will not add more pets to my home.
- I will feed and provide fresh water to my pet(s) every day and will get them medical care immediately if they are sick or hurt.
- None of the food items provided to me by St. Francis will be resold.
- None of my pets will be tethered or chained 24 hours a day, 7 days a week.

I understand

- I will not be accepted into the St. Francis Animal Resource program until my pet(s) are fixed and I provide documentation of that. (If you have a pet that is fixed but you don't have documentation to prove that, a letter from your veterinarian stating your pet has been fixed will be accepted. If your pet has not been fixed, we will provide low-cost referral services to you.)
- St. Francis Animal Resources can deny any pet owner from this program.

Once approved for pet food deliveries, I understand

- My situation can be reviewed at any time; I can be removed from the program if I don't follow the requirements set forth by St. Francis Animal Resource Center.
- I will receive a supply of dog or cat food for my pets only (as listed on page 2).
- This program is meant to supplement my pet's food and may not fulfill the dietary needs of my pet(s).
- Pets are for companionship, not breeding or any illegal activities. Breeding or illegal activities of a pet will be cause for immediate termination from the program.

I understand St. Francis Animal Resource Center, Inc., its programs and affiliates can not guarantee the brand, type, or quality of food given to me. If my pet(s) develops a medical condition in whole or in part by the food provided, I agree to release St. Francis Animal Resource Center, this program, and its affiliates from all liability. I understand this program only supplements my pet food supply and I cannot depend on this program to fulfill the dietary needs of my pet(s). If my animals require prescription diets, the agency will attempt to make these foods available. I understand that funds for this program are limited and in the event my current financial situation improves and I am no longer in need of this program, I agree to withdraw from the program so that the people most in need can be served. I agree to the terms of the program as stated above. By signing this, I agree that all information I have provided on this application is true.

- St. Francis Animal Resource Center can use my first name and story in their publications.

You must include with your application:

- Proof of income for all those living in the home
- Documentation from your veterinarian/clinic that your pet(s) have been fixed (spayed or neutered)

Your application will not be processed without this information

Applicant's Signature:

Date

Pet Profile(s)

Fill out completely

Do any of your pets need outside shelter? _____

How many dogs are in your household? _____

How many cats are in your household? _____

Pet's Name: _____

Color _____ Breed _____ How long have you owned him/her? _____

Has this pet been fixed? Yes No Dog Cat Male Female

Approximate age? _____ Approximate weight? _____

Where did you get him/her? _____

Is this pet current on vaccinations? Yes No

Does your pet have any special needs or requirements?

Pet's Name: _____

Color _____ Breed _____ How long have you owned him/her? _____

Has this pet been fixed? Yes No Dog Cat Male Female

Approximate age? _____ Approximate weight? _____

Where did you get him/her? _____

Is this pet current on vaccinations? Yes No

Does your pet have any special needs or requirements?

Pet's Name: _____

Color _____ Breed _____ How long have you owned him/her? _____

Has this pet been fixed? Yes No Dog Cat Male Female

Approximate age? _____ Approximate weight? _____

Where did you get him/her? _____

Is this pet current on vaccinations? Yes No

Does your pet have any special needs or requirements?

Pet's Name: _____

Color _____ Breed _____ How long have you owned him/her? _____

Has this pet been fixed? Yes No Dog Cat Male Female

Approximate age? _____ Approximate weight? _____

Where did you get him/her? _____

Is this pet current on vaccinations? Yes No

Does your pet have any special needs or requirements?

To those who qualify, St. Francis Animal Resource Center, Inc. will provide pet food for up to 4 pets listed on the application. All pets must be spayed or neutered. For those not spayed or neutered, we will provide low-cost referrals.

**Please attach copy of spay or neuter records or a letter from your veterinarian.
Your application will not be processed without this information.**

Veterinarian's Name: _____

Clinic Name: _____ Clinic phone: _____

Please mail application and all required documentation to:

St. Francis Animal Resource Center

PO Box 1583

Norman, OK 73069-9998

(405)367-5862

Or contact us at info@stfrancisarc.org for a digital form and access for uploading documents