

# **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

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# Pet Information

*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?

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

Approximate age? \_\_\_\_\_ Approximate weight? \_\_\_\_\_

Where did you get him/her? \_\_\_\_\_

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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?

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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 a 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](mailto:info@stfrancisarc.org) for a digital form and access for uploading documents