

**Advocates for Animals in Jackson County, Inc.  
Request for Assistance Application**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address or PO Box:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**How did you hear about our organization?** \_\_\_\_\_

\_\_\_\_\_

***Basic Household Information***

**Where do you live? (Circle one)**

House      Apartment      Mobile Home      Student Housing

Other \_\_\_\_\_

**Do you: (Circle one)**

Own      Rent      Live with family      Other \_\_\_\_\_

**Are you: (Circle one)**

Unemployed      Employed full-time      Employed part-time

Full-time college student      Part-time college student      High school student

Other \_\_\_\_\_

**How many children live in your household?** \_\_\_\_\_

***Please tell us about the pet that needs our help. If there is more than one pet, please note that in the comments section and choose one to describe below.***

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

**Species:** \_\_\_\_\_

**Advocates for Animals in Jackson County, Inc.**  
**Request for Assistance Application**

**Breed:** \_\_\_\_\_  
*For example: Siamese, domestic short hair, mixed, german shepherd, schauzer, cockatoo, etc.*

**Age:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Is this pet spayed or neutered? (Circle one)**    Yes    No    Not Applicable

**Is this pet up-to-date on shots? (Circle one)**    Yes    No    Other \_\_\_\_\_

**Is this pet on flea/tick preventative? (Circle one)**    Yes    No    I don't know

**Is this pet on heartworm medication? (Circle one)**    Yes    No    I don't know

**Where is this pet housed? (Circle one)**    Indoor    Outdoor    Both    Other  
*If Outdoor, Both, or Other, please describe pet's containment and housing*

*We ask where the pet is housed because if surgery is necessary, and for spay/neuter, there is usually a requirement for animals to be kept quiet and contained. We must know that you are prepared for this possibility, or that you will work with us for arrangements to be made for this to be accomplished.*

**Do you have an established relationship with a veterinary clinic? (Circle one)**    Yes    No

**NOTE: This does not include an emergency vet clinic you are utilizing currently. This would be a veterinary clinic you take your pet(s) to for routine preventative care such as rabies shots, check-ups, etc.**

**If yes, which clinic?** \_\_\_\_\_

**Is this a major or emergency situation? (Circle one)**    Yes    No    I don't know

**Please explain the situation:** \_\_\_\_\_

---

---

---

---

---

**Advocates for Animals in Jackson County, Inc.  
Request for Assistance Application**

Please provide any other information from the veterinarian that would be helpful to us:

---

---

---

---

Do you have any other comments regarding your situation?

---

---

---

---

Are you able to contribute additional funding beyond what AAJC can contribute? (e.g. Care Credit or ScratchPay) (Circle one) Yes No I don't know

If yes, please explain: \_\_\_\_\_

---

---

---

---

Please explain your financial hardship and tell us why you have reached out to us. The more information we have about exactly what you are asking assistance for, the better we will be able to help you.

---

---

---

**Advocates for Animals in Jackson County, Inc.  
Request for Assistance Application**

Advocates for Animals in Jackson County, Inc. requires all funding recipients to:

1. Consider a future monetary donation when your financial situation improves.
2. Consent to follow-up phone calls/emails from an AAJC representative within 2 weeks, 6-months, and 1-year post-assistance. If AAJC does not hear back after two attempts to contact you, you will not be eligible for any future assistance from AAJC.
3. Inform AAJC if your address and/or phone number changes during the 12-month post-assistance period.

Do you agree to all requirements? (Circle one)    Yes    No

By signing my name below, I certify that I am agreeing to these requirements and that the answers on this application form are true and correct to the best of my knowledge. I agree to release Advocates for Animals in Jackson County, Inc. and its service providers (veterinarians, trainers, and fosters) from liability should the veterinary care, foster care, or behavioral training rendered prove unsuccessful or the animal becomes ill or injured while in our care.

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