



## Application for Assistance



### GENERAL INFORMATION

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

Name of Pet Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Best # to Call: \_\_\_\_\_

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

Animal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

I am requesting assistance with:  Pet Deposit  Medical Procedure  Other

If Medical Procedure, are you working with a veterinarian?  No  Yes (If yes, please provide info below)

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Treatment Recommended: \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_ Amount You Have Already Spent: \$ \_\_\_\_\_

Please describe the current situation and assistance required:

### FINANCIAL INFORMATION

Total Amount Required: \$ \_\_\_\_\_

Amount You Can Contribute: \$ \_\_\_\_\_

**Amount Requested:** \$ \_\_\_\_\_

Are you willing to assist with ongoing fundraising efforts for Humane Tomorrow?  Yes  No

I need help because I have/am:

Loss of Income  Unemployed  Increase In Expenses  Marital Problems  Other:



All financial information must be provided (including back up documentation) to be considered for assistance.		
Income	Amount	Supporting Documentation
Gross Monthly Salary/Self Employment Income	\$	
Monthly Unemployment Income	\$	
Monthly Social Security/Pension/Disability Income	\$	
Other Monthly Income	\$	
<b>Total Monthly Income</b>	<b>\$</b>	
Expense	Amount	Supporting Documentation
Monthly Mortgage/Rent Expense	\$	
Monthly Child Care Expense	\$	
Monthly Loan Expenses	\$	
Monthly Misc. Expenses	\$	
<b>Total Monthly Expenses</b>	<b>\$</b>	

Do you have other savings/investment accounts that can be used for this? If so, what are balances and restrictions on accessing funds?

What is your plan for caring for your pet's needs in the future?

List any other agencies you have been assisted by or have applied to:

Amount You Can Contribute: \$\_\_\_\_\_

Monthly Household Income: \_\_\_\_\_ Monthly Household Bills: \_\_\_\_\_

I attest that the information I have provided above is truthful, accurate, and complete. I shall not hold Humane Tomorrow f/k/a Humane Society of Flower Mound f/k/a Flower Mound Humane Society or any third parties that Humane Tomorrow may associate with liable, or responsible for, and Humane Tomorrow shall be saved and held harmless from and against any and all claims and damages of every kind, including claims and damages arising in whole or in part from the negligence of Humane Tomorrow. I understand that financial assistance granted by Humane Society of Flower Mound does not negate my responsibilities as a pet owner nor any financial obligations to other parties that Humane Tomorrow does not explicitly agree to directly pay. I understand that Humane Tomorrow may follow up to confirm all veterinary recommended aftercare is provided. I consent to provide photos, background, and updates of my pet's situation, treatment, and outcome for the purposes of promotion and fundraising.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Humane Tomorrow Notes: