

# Supporting Animals in Family Emergencies

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## Application for Financial Assistance

*For Pet Boarding Costs During Times of Crisis*

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### SECTION 1: Applicant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ (City, State, ZIP)

### SECTION 2: Pet Information

Please list all pets needing assistance:

Pet Name	Species/Breed	Age	Spayed/Neutered?	Vaccinated?

### SECTION 3: Financial Information

Monthly Household Income: \$\_\_\_\_\_

Number of People in Household: \_\_\_\_\_

Do you currently receive any of the following (check all that apply):

☐ SNAP (Food Stamps)   ☐ Medicaid   ☐ Unemployment   ☐ Social Security/Disability   ☐

Other: \_\_\_\_\_

Please attach any recent pay stubs, tax returns, or benefit verification letters to support your financial need.

## SECTION 4: Nature of Emergency

Please explain the situation creating the need for temporary boarding support. Attach any relevant documentation such as:

- Hospital admission/discharge papers
- Police or fire reports
- Insurance claims
- Eviction notices
- Death certificates
- Other documentation of emergency

Description of Emergency:

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## SECTION 5: Boarding Details

If boarding arrangements have been made, please complete the following:

Boarding Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ (City, State, ZIP)

Phone Number: \_\_\_\_\_

Email Address (if known): \_\_\_\_\_

Primary Contact Name & Title: \_\_\_\_\_

Reservation Confirmed? ☐ Yes ☐ No ☐ Tentative

Boarding Dates Requested:

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Estimated Total Boarding Cost: \$\_\_\_\_\_

Amount Applicant Can Contribute: \$\_\_\_\_\_

Reservation Made Under Name: \_\_\_\_\_

Special Needs or Notes (medical, behavioral, etc.):

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## SECTION 6: Declaration and Agreement

I hereby certify that all information provided in this application is true and complete to the best of my knowledge. I understand that Supporting Animals in Family Emergencies may verify any part of this application, including by contacting boarding facilities or third parties. I authorize such contact and release Supporting Animals in Family Emergencies from any liability related to this verification process.

I understand that providing false, misleading, or incomplete information may result in denial or revocation of financial assistance and could subject me to legal consequences.

I grant Supporting Animals in Family Emergencies (SAFE) permission to share my pet's story, name, and photos on its social media platforms (e.g., Facebook, Instagram) and in other promotional materials. I understand that these stories help raise awareness and funding to support more families in need.

I agree that any shared content will be respectful and used solely for the mission of SAFE. I may request removal of identifying details by contacting SAFE directly.

By signing below, I agree to the terms above and affirm the accuracy and honesty of my application.

Applicant Signature: \_\_\_\_\_

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

## SECTION 1.A: Website Story Submission

If you would like your story considered for publication on SAFE's website, please briefly describe your experience below. This section is optional and may be edited for clarity or length. Names can be changed upon request.

Your Story:

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Applicant Signature: \_\_\_\_\_

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