



Pet Assistance, Inc...helping people and pets since 1973

860-355-PETS www.petassistanceinc.org

Please send completed application, *as an attachment*, to: petassistance1973@gmail.com

Emergency Aid Application Questionnaire

If you need emergency help for your pet, answer these questions to the best of your ability and email to us.

Date _____

Your name and/or name of owner of pet _____

Address _____ City _____ State _____ Zip _____

Phone numbers: home and cell _____

Email address _____

Pet's name _____

Age _____ Breed _____ Sex _____ Neutered? _____

What appears to be the problem? _____

What are the symptoms? _____

Has the issue been diagnosed by a veterinarian? _____

If "Yes," what is the proposed course or treatment? _____

The prognosis? _____

The estimated cost? _____

**Name of your veterinarian and hospital _____

**Phone number of veterinarian _____

How much have you spent on THIS problem so far? _____

How much of your own money are you prepared to spend? _____

Pet Assistance cannot financially help with a pet's care unless the owner can contribute.

If the pet is young *and* you do not have any money, you may have to surrender it to a humane society or local rescue group. They often have the means to medically care for the pet and they will re-home it when it is well.

Do you smoke? _____ Does anyone in your household smoke? _____

Please send us a photo of your pet.

We do our best to return your inquiry within 12-24 hours.

Office use only: