

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

860-355-PETS <u>www.petassistanceinc.org</u>

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 t	o be the problem?			
What are the sy	mptoms?			
Has the issue be	een diagnosed by a vete	rinarian?		
If "Yes," what is	the proposed course or	treatment?		
The	e prognosis?			
The	e estimated cost?			
**Name of you	r veterinarian and hospi	tal		
**Phone numbe	er of veterinarian			
How much have	e you spent on THIS prot	blem so far?		
How much of yo	our own money are you	prepared to spend?		
Pet As	sistance cannot financia	lly help with a pet's care unle	ss the owner can con	tribute.
	• ,	any money, you may have to ns to medically care for the p		•
De ver en else 2		in your household an also?		

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.