Placer SPCA's
SOS Fund Application

About You:

Owner's First Name _____ Owner's Last Name _____

Mailing Address_____

City _____ State _____ Zip _____

Home Phone _____ Work Phone_____

Alternate Phone _____ Email _____

Address _____

How Many Other Animals Do You Own? Dogs____ Cats____ Other____

About Your Animal:

Animal's Name _____ Species: _____

Breed _____ Age: _____ Male / Female

Is Your Animal Spayed or Neutered? Yes / No Length of Ownership _____

How Did You Acquire This Animal? _____

Name of Regular Veterinarian _____ Phone # _____

Date of Last Vet Visit for this Animal_____

Please Detail any Previous Injuries or Illnesses for which this Animal has been Treated or Diagnosed

_____

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_____

Current Diagnosis of Necessary Treatment:

_____

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_____

Estimated Cost of Treatment:_____

What Amount Can You Pay Toward the Treatment of This Animal?_____

Reason Why You are Unable to Financially Provide for Veterinary Care:

_____

_____

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_____

Repayment of this no interest loan through monthly payments is an important condition to the continuation of this program. What amount can you make in monthly payments to the Placer SPCA?
_____

I agree to reimburse the Placer SPCA for the total amount of the loan in monthly installments of
_____

_____
Signature

Office Use Only xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx Office Use Only

Loan Approved: Yes / No Loan Amount Approved:_____

Voucher Number:_____

Staff Signature:_____ Title:_____