

Placer SPCA's SOS Emergency Veterinary Care 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 v	vhich this Animal has been	Treated or Diagnosed
Current Diagnosis of Necessary Treatment:		

Name of Veterinarian who provided diagnosis and contact information:
· ————
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:
You may be approved for a loan. 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 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Loan Approved: Yes / No Loan Amount Approved:
Voucher Number:
Staff Signature: Title: