



Placer SPCA's SOS 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 which 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	
Loan Approved: Yes / No	Loan Amount Approved: _____
Voucher Number: _____	
Staff Signature: _____	Title: _____