

SOS Application: Veterinary Services



Owner Information

Name (first & last): _____

Mailing address: _____

Alternate address: _____

Driver's License #: _____ Expiration: _____

Phone: _____ Alt. phone: _____

Email: _____

Emergency contact name: _____ Phone: _____

How many other animals do you own? Dogs: _____ Cats: _____ Other: _____

Animal Information

Animal's name: _____ Species: _____

Breed: _____ Age: _____ Male / Female (circle)

Is your animal spayed or neutered? Yes / No (circle) 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 for or diagnosed:

Current diagnosis of necessary treatment:

Estimated cost of treatment: _____

What amount can you pay toward the treatment of this animal? _____

Reason why you are unable to financially provide veterinary care:

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

Date