



PRINCE CHUNK

FOUNDATION

P.O. Box 8044

| Blackwood |

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“Emergency Veterinary Care Assistance Program” Application

About the Applicant

Name: _____

(Last)

(First)

(Middle Initial)

Address: _____

P.O. Box #: _____

City: _____ State: _____

Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail

Address: _____

Where do you live? House Condo Apartment Mobile Home
Student Housing Military Housing Other

Household Size: 1 2 3 4 5 6 7 8

Do you: Own Rent Live with Parents/Relatives Live with Friends
Other

Parents/Relatives Name and Phone Number (if applicable):

Name: _____

Phone Number: _____

Landlord’s Name and Phone Number (if applicable)

Name: _____

Phone Number: _____

Length of Residency: _____

Are you planning on moving within the next year? Yes No

If yes, what are you planning to do with your companion?

Have you ever been charged with animal cruelty? Yes No

If so, please indicate the police department and report number:

Police Department: _____

Report Number: _____

Tell Us About Your Companion

Animal Name: _____

Species: Cat Dog

Breed: _____

Age: _____

Sex: Male Female Spayed/Neutered: Yes No

If your companion is not spayed/neutered, what are your plans to have this done?

When did you acquire the animal (mm/yy)? _____

How was your companion acquired?

Where is your pet kept during the day/night?

Where is your companion kept when left alone?

How many hours per day is your companion left alone without human companionship?

About Your Companion's Injury/ Illness and Treatment

Describe your companion's injury/ illness. Include a description of the injury/illness, how long the animal has been sick/ injured and the cause of the injury or illness.

If known, indicate the specific treatment needed, the urgency of the treatment and any follow-up care required.

If known, what is the estimated cost of the treatment? _____

How much can you contribute? (if applicable) _____

About the Veterinary Hospital Treating the Animal (if applicable):

Veterinary Hospital Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Prince Chunk Foundation Inc. Application Disclaimer

I certify that the information given by me in this application is true and complete. I further understand that any falsified information that I provide will terminate the reviewing process immediately. I hereby authorize release/disclosure of records and/or other information concerning the above inquiries, including but not limited to employment information, tenancy information, and veterinarian records. The Prince Chunk Foundation Inc. reserves the right to refuse any application it considers unsatisfactory.

By signing this application, you agree to the above contract, and confirm that all information provided is the truth to the best of your knowledge.

Signature: _____

Date: _____