



REQUEST FOR CRISIS ASSISTANCE

Info taken by: _____

Date: _____

Needs assistance starting: _____

Ending: _____

Pet's Name			
Age			
Breed/Weight/Color			
Male/Female	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Housetrained or uses a litter box?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is this an indoor or outdoor pet?	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Both <input type="checkbox"/>
Is the pet crate-trained? (Dogs only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the pet declawed? (Cats only)	2-paw <input type="checkbox"/>	4-paw <input type="checkbox"/>	No <input type="checkbox"/>
Spayed/Neutered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Current on vaccinations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Last time seen by vet?			
Vet clinic used:			
Has pet ever bitten anyone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is pet aggressive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is pet good with...?	Men <input type="checkbox"/>	Women <input type="checkbox"/>	Kids <input type="checkbox"/>
Does pet interact well with...?	Dogs <input type="checkbox"/>	Cats <input type="checkbox"/>	

Owner's Information

Name:	Telephone:
Email:	Owner's City:
Do they have friends/family that might be able to help? Have they asked?	

Are they certain how long they will need assistance for (lease with move-in date, thirty-day treatment program, date of release from hospital)? Yes No

Type of assistance needed:
 Temp Foster Food/litter Veterinary care Other

Reason for needing assistance (check all that apply, please make notes on reverse):
 Homelessness Domestic Abuse Financial/Unemployment Medical
 Psychiatric Drug Treatment Incarceration/Legal Other