PetPALS of Southern New Jersey, Inc.

APPLICATION

DATE: _____ **COUNTY**: _____ **DATE OF BIRTH**: _____

NAME (LAST, FIRST, MI): _____

PHONE: _____ **ADDRESS**: _____

CITY: _____ **STATE**: _____ **ZIP**: _____

EMAIL: _____

OTHERS IN YOUR HOUSEHOLD:

NAME_____ RELATION_____

NAME_____ RELATION_____

NAME_____ RELATION_____

DO YOU HAVE OTHER SOCIAL SERVICES ORGANIZATIONS ASSISTING YOU? YES / NO

IF YES, DESCRIBE:

ORGANIZATION NAME: _____CONTACT: _____

PHONE: _____ EMAIL: _____

HOW DID YOU LEARN OF PETPALS OF SOUTHERN NEW JERSEY?

_____

EMERGENCY CONTACTS (PLEASE PROVIDE AT LEAST 2):

NAME_____ADDRESS_____PHONE_____

NAME_____ADDRESS_____PHONE_____

DO ANY OF THE ABOVE HAVE KEYS TO YOUR RESIDENCE? IF SO, PLEASE MARK WITH A STAR.

PetPALS of Southern New Jersey, Inc.

APPLICATION

MEDICAL INFORMATION

DESCRIBE BELOW ANY DISABLING PHYSICAL, MEDICAL OR MENTAL HEALTH CONDITIONS YOU ARE BEING TREATED FOR:

_____

_____

_____

PRIMARY PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

LIST BELOW ANY ADDITIONAL PHYSICIAN PROVIDING CARE:

_____

ARE YOU EMPLOYED? YES / NO **IF YES, PROVIDE EMPLOYER INFO:**

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL**: _____

MONTHLY INCOME:

NET WAGES: $_____ SSI BENEFITS: $_____

SOCIAL SECURITY BENEFITS: $_____ SSD BENEFITS: $_____

MONTHLY TOTAL: $_____

MONTHLY EXPENSES:

RENT AND/OR MORTGAGE: $_____ OTHER MAJOR EXPENSES: $_____

MONTHLY TOTAL: $_____

Please detail other major expenses:_____

_____

PetPALS of Southern New Jersey, Inc.

APPLICATION

PET INFORMATION

HOW MANY PETS DO YOU CURRENTLY HAVE IN YOUR HOUSEHOLD? _____

SPECIES	BREED	NAME	AGE	WEIGHT	SPAY/NEUTER	DE-CLAW	IMMUNIZ.	HEARTWORM

DO ANY OF YOUR PETS HAVE ONGOING OR CHRONIC MEDICAL PROBLEMS? YES / NO

IF YES, PLEASE DESCRIBE (BE SPECIFIC AND INDICATE WHICH PET): _____

_____

_____

_____

DO ANY OF YOUR PETS HAVE BEHAVIORAL PROBLEMS? _____

_____

ARE YOUR PETS UNDER VETERINARY CARE? YES / NO

PLEASE PROVIDE THE NAME AND CONTACT INFORMATION FOR YOUR PETS' CURRENT VETERINARIAN (IF CARE HAS LAPSED, PREVIOUS VETERINARIAN):

PRACTICE NAME: _____ **VET**: _____

ADDRESS: _____

PHONE: _____ **EMAIL**: _____

PetPALS of Southern New Jersey, Inc.

APPLICATION

WHAT BRANDS OF FOOD DO YOU FEED YOUR PET? LIST BRAND NAMES, WHETHER CANNED OR DRY, ETC.

	DOGS	CATS	OTHER
BRAND			
DRY OR CANNED			
QUANTITY PER FEEDING			
NUMBER OF FEEDINGS PER DAY			
SPECIAL DIETARY NEEDS			
LITTER BRAND			

FOSTER CARE

IN THE EVENT YOU MUST GO IN THE HOSPITAL OR BE AWAY FROM HOME, DO YOU HAVE SOMEONE WHO CAN PROVIDE IN-HOME OR FOSTER CARE FOR YOUR ANIMALS? YES / NO

NAME _____ **ADDRESS** _____

PHONE _____ **IN-HOME/FOSTER** _____

ADOPTION

HAVE YOU MADE ARRANGEMENTS FOR YOUR ANIMAL(S) IN THE EVENT THEY MAY NEED NEW HOMES? YES / NO

NAME _____ **ADDRESS**_____

PHONE_____ **EMAIL** _____

PetPALS of Southern New Jersey, Inc.

APPLICATION

CERTIFICATION

I acknowledge that the evaluation of any income and expenses may determine my eligibility to become a client of PetPALS of Southern NJ. That if I am granted the privilege of becoming a client, I will immediately report any changes of my income and expenses to PetPALS of Southern NJ at 856-939-6900.

I fully understand that any willful misrepresentation of any financial information may result in a complete suspension of all services from PetPALS.

I understand that I may not take in any new animal while I am being considered and evaluated on becoming a PetPALS client. I understand upon my acceptance as a PetPALS client, that should I take any new animal in my household, that will be cause for my immediate dismissal from the PetPALS organization. This means all services provided by PetPALS to me will cease immediately.

SIGNATURE: _____

NAME: _____

ADDRESS: _____

PHONE: _____ **DATE**: _____

Please complete and return the form to PetPALS of Southern NJ at info@petpalssj.com or mail to PO Box 228, Grenloch, NJ 08032-0228.