



A Tax-Exempt Organization Promoting Animal Welfare
P.O. Box 8081 · Springdale, AR 72766 · 479-927-1809 · www.for-pets-sake.org

Best Friends® Program

Assistance for Qualified* Senior Pet Owners

Name: _____ Address: _____

City: _____ Zip: _____ Phone # _____ Email: _____

Date of Birth: _____ Average Annual Income: _____ Married or Single? _____

TYPE OF ASSISTANCE REQUESTED:

- Pet Food (if on very limited budget)
- Short-Term Pet Sitting (in case of hospitalization)
- Pet Transportation (to vet, groomer)
- Financial Aid (veterinary care)

Name and phone # of preferred Veterinarian? _____

Briefly describe your financial situation and why you are asking for our help. (EXAMPLE 1: My dog was recently diagnosed with a condition that will require surgery. I would like my dog to have the surgery, but I will need assistance with the veterinary bills. EXAMPLE 2: I have just acquired a new cat. I need food and pet supplies, but I'm on a very limited income.)

How should we contact you about this application? (Circle one) Phone E-mail

Phone # and/or e-mail address: _____

Name of Emergency Contact? _____ Relationship? _____

Address _____ City _____ Zip _____

Have you discussed your pet's needs with this person? _____

How did you hear about For Pet's Sake and our Best Friends Program? _____

*Recipients must qualify for assistance by providing most recent tax return or Form 1099 from SS or VA. Rev. 09/13/06

***** This Section For Office Use Only *****

Application Status: Approved Denied Reason: _____

EDOA: _____ Amount/Service If Approved: _____ Initials: _____