



A Tax-Exempt Organization Promoting Animal Welfare  
P.O. Box 8081 · Springdale, AR 72766 · 479-750-7171 · 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: \_\_\_\_\_

#### TYPE OF ASSISTANCE REQUESTED:

- Pet Food (if on very limited budget)
- Pet Transportation (to vet, groomer)
- Pet Sitting (in case of hospitalization)
- 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. Please provide source and proof of income.*

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

Application Status:  Approved  Denied Reason: \_\_\_\_\_

EDOA: \_\_\_\_\_ Amount/Service If Approved: \_\_\_\_\_ Initials: \_\_\_\_\_