

REQUEST FOR OUTREACH / ASSISTANCE

Owner First Name: _____ Owner Last Name: _____

Address: _____

City: _____ State, Zip: _____

Phone Number: (_____) _____ Email: _____

Current or Most Recent Veterinarian: _____

Phone Number: (_____) _____ City and State Located: _____

PET INFORMATION

Name: _____ Species: Spayed/ Cat Dog
Breed: _____ Neutered Yes No
Color/Markings: _____ Vaccines Current? Yes No
Age: _____ Notes: _____

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If necessary please continue on back

SSERVICES / ASSISTANCE REQUESTING

Food Assistance

Spay/Neuter

Rabies

Johnston County Animal Protection League (JCAPL) is a non-profit organization based out of Johnston County, North Carolina. As limited funds are available, all outreach and assistance is done at the sole discretion and/or approval of JCAPL's Officers and/or Board Members. JCAPL reserves the right to refuse any requests for assistance to any individual for any reason.

I understand that this document is a request for assistance. Completion and submission of this document does not constitute a promise of assistance by JCAPL or its representatives. I understand that, if approved, any balances owed beyond what JCAPL approves to contribute is and shall be my responsibility. I understand that, if approved, assistance provided does not in any way constitute any type of responsibility or obligation by JCAPL to or for my pet.

I attest that all information listed is complete and accurate to the best of my knowledge. I understand and acknowledge that by completing and submitting this document I grant my permission for JCAPL and its representatives to verify any information given. It is further understood that any willful omission or falsification of information may be deemed grounds for disqualification of this and future requests for assistance. The screening and approval process can take up to 5 business days to complete.

I understand and accept the terms of this JCAPL request for assistance.

Signature: _____ Date: _____

(For JCAPL Use Only)

Received By: _____ Date Received: _____ Date Reviewed: _____

Status: Approved Not Approved By: _____ Amount Approved: _____