



SHORT-TERM ACCOMODATIONS FOR EMERGENCIES (SAFE) PROGRAM APPLICATION

Owner Information

Name _____
Current Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
Occupation _____ Employer's Name _____
Employer's Address _____ Phone # _____

Please indicate if you have qualified for any of the following:

Supplemental Security Income Medical Disability General Assistance Other _____

Agency Information

We require the participation of a third party social services agency for all SAFE clients.

Referring Agency _____ Address _____
Contact Name _____ Phone Number _____
E-mail Address _____

Secondary Contact Information

Contact person other than owner _____
Relation _____ Phone Number _____
E-mail Address _____

Emergency Details

Which of the following best describes why you are applying for this program?

House Fire Domestic Violence Hospitalization Other _____

If this is a Domestic Violence case please also answer the following questions:

What is your relationship to the abusive person? _____

Are your pets included in a restraining order or emergency protection Plan? Yes No

Date order granted _____ Order number _____

Do you think the abuser will try to find the animal/s? Yes No Don't know

Does the abusive person have any legal claim to the animal/s? Yes No Don't Know



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Additional Information

Why are you requesting temporary housing accommodations for your animal/s:

What is the estimated length of time for which you are requesting care: _____

Which of the following resources have you exhausted before completing this application?

- Family Friends Boarding Other _____

Do you understand that admitting your animal/s into our care may be stressful and/or expose them to diseases that may have an adverse effect on them both mentally and physically? Yes No

Do you consent to having your pet/s spayed or neutered if the procedure has not already been performed?

- Yes No

Will you have regular access to your phone or e-mail to check-in with the program coordinator on a weekly basis? Yes No*

**Clients who miss check-ins and/or whose phones become disconnected will forfeit their use of this program.*

In the event of behavioral deterioration, do you agree to pick up your animal should our staff no longer deem them safe to handle? Yes No

If your pet is admitted into the program, do you understand that you will lose your ability to utilize this program again in the future? Yes No

Can you commit to pick-up your pet/s within 72 hours of your contract's expiration? Yes No*

**Animals whose owners do not make pick-up arrangements in a timely manner are subject to being considered owner relinquished and may be placed up for adoption after the contract's expiration.*



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Animal Information

Please complete a separate sheet for each of your pets.

Animal Name _____ Species _____ Breed _____

Age _____ Sex _____ Color _____ Approximate Weight _____

Unique characteristics: _____

Where did you obtain this pet? _____

How long have you had this pet? _____

Is this animal spayed or neutered? Yes No Don't Know

Medical Information

Veterinary Office _____ Veterinarian's Name _____

Address _____ Phone Number _____

When was your pet last seen by a veterinarian? _____

Is your pet currently up to date on their vaccinations? Yes No Don't Know

What flea or heartworm preventative do you use? _____

Please list all current medications, allergies, or ailments: _____

Feeding Information

What type of food does this pet eat? Wet Dry

What brand/s are you currently feeding? _____

Amount Per Feeding _____ Feeding schedule _____

Preferred treats _____

Dietary Restrictions (if applicable) _____

If your pet has dietary restrictions will you be able to provide their food? Yes No



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Lifestyle & Behavior Information

Present housing situation: Indoor Outdoor Car Where does your pet normally sleep? _____

For dogs: How often do you take them on a leashed walk? _____

Is your pet house trained or litter box trained? Yes No Is your pet crate trained? Yes No

Will your pet chew or scratch furniture, clothing, doors when left unattended? Yes No

Describe your pet's personality in three words: _____

Activity level: Very active Moderately active Not active

What are your pet's favorite toys and games: _____

Does your pet know any of the following cues? Sit Down Stay Come Other _____

Is your pet house-trained/litter box trained? Yes No

Is your pet afraid of any of the following? Thunderstorms Fireworks Cars Other _____

What is your pet's reaction when they are afraid: Hides Growls Slinks Confronts

How does your pet react to new people/strangers? _____

How does your pet react to an unknown animal? _____

How does your pet behave when undergoing a routine veterinary examination? _____

Has your pet successfully lived with other animals? Yes No If "Yes" what kind: _____

Has your pet ever bitten or scratched a person? Yes No

If yes, when did the incident occur? _____

What were the circumstances of the incident?

List any additional behavioral issues that we should be aware of: _____

Please forward your completed SAFE Program application to:

The Volunteer Services Department Fax: (312) 644-3878 Phone: (312) 655-8338 ext 313 or 330