



Short-Term Accommodations for Emergencies (SAFE) Program Application

Owner Information

Name _____

Current Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Are you a veteran?

Yes No

If you are a veteran and we are unable to accept your pet at this time, we will send you additional information for organizations that work with veterans.

Agency Information

We require a referral from a social service agency to qualify for the SAFE program.

Referring Agency _____ Address _____

Contact Name _____ Phone Number _____

Email Address _____

Have you informed the agency above that you are seeking emergency housing for your pet through our program?

Yes No

Does the agency above require that you complete a consent form to contact them regarding your case?

Yes No

If the agency requires the form, have you completed and submitted it through your case manager?

Yes No

Secondary Contact Information

Contact person other than owner _____

Relation _____ Phone Number _____

Email Address _____

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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:

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

Date order granted _____ Order number _____

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

Additional Information

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

Will you have regular access to your phone or e-mail to check-in with the program coordinator on a weekly basis?

Yes No

Animal Information

Pet Name _____ Age _____ Type of Pet _____

How does your pet behave around strangers? _____

What breed is your pet? _____

Is your pet spayed or neutered? (answer will not determine admission to program) Yes No Don't Know

Does your pet have any current health issues or concerns? Yes No

Does your pet have a bite history? _____

Please forward your completed SAFE application to:
Community Care Department: safe@anticruelty.org, Phone: 312-287-6289