

Short-Term Accommodations for Emergencies (SAFE) Program Application

Owner Information

Email Address _

| Name | | | | | |
|----------------------------------------------------------|------------------------------|----------------------------------|-----------------------|-------------------|----|
| Current Address | | City | State | Zip | |
| Phone | Email | | | | |
| Are you a veteran? | | | | | |
| ☐ Yes ☐ No | | | | | |
| If you are a veteran and we are that work with veterans. | unable to accept your pet a | at this time, we will send you a | additional informatio | n for organizatio | ns |
| Agency Information | | | | | |
| We require a referral from a so | ocial service agency to qua | lify for the SAFE program. | | | |
| Referring Agency | | Address | | | |
| Contact Name | | Phone Number _ | | | |
| Email Address | | | | | |
| Have you informed the agenc ☐ Yes ☐ No | cy above that you are seekin | ng emergency housing for yo | our pet through our | program? | |
| Does the agency above requirements | re that you complete a con | sent form to contact them re | egarding your case? | | |
| If the agency requires the form | m, have you completed and | d submitted it through your o | case manager? | | |
| Secondary Contact Infor | mation | | | | |
| Contact person other than ov | vner | | | | |
| Relation | | Phone Nu | mber | | |
| | | | | | |

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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? Does your pet have a bite history?

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