



## 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:

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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.*



## SHORT-TERM ACCOMODATIONS FOR EMERGENCIES (SAFE) PROGRAM APPLICATION

### 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: \_\_\_\_\_

\_\_\_\_\_

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### 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 foster@anticruelty.org Phone: (312) 645-8092