



## 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

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 \_\_\_\_\_

Why are you requesting temporary foster care for your animal/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Additional Information

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 affect 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                  Other \_\_\_\_\_

Do you commit to pick-up your pet/s within 30 days of their admission into this program?

Yes                  No

### If this is a Domestic Violence case please 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



## 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 \_\_\_\_\_ Weight \_\_\_\_\_

Unique characteristics: \_\_\_\_\_

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

Where did you obtain this pet? \_\_\_\_\_

### Medical Information

Veterinary Office \_\_\_\_\_ Veterinarian's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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

When was your pet last seen by a veterinarian? \_\_\_\_\_

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 are you currently feeding? \_\_\_\_\_

Amount and frequency of food \_\_\_\_\_ Feeding schedule \_\_\_\_\_

Preferred treats \_\_\_\_\_

Please list any known allergies your pet may have: \_\_\_\_\_

### Housing Information

Present housing situation:      Indoor      Outdoor

Where does your pet normally sleep? \_\_\_\_\_

Walk/run schedule \_\_\_\_\_

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?      Yes      No



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### Behavior Information

Good with dogs?    Yes            No            Don't Know

Good with cats?    Yes            No            Don't Know

Good with other animals?    Yes            No            Don't Know

Good with children?    Yes            No            Don't Know

Good with men?    Yes            No            Don't Know

Good with women?    Yes            No            Don't Know

Activity level:    Very active            Moderately active            Not active

Personality:    Shy    Noisy    Playful    Quiet    Affectionate    Independent    Needy    Cuddly    Aloof

To your knowledge, has your pet bitten or scratched anyone in the past?    Yes    No

If yes, when did the incident occur? \_\_\_\_\_

What were the circumstances of the incident? \_\_\_\_\_

Does your pet know any of the following commands?

Sit    Down    Stay    Come    Other \_\_\_\_\_

Is your pet afraid of any of the following?

Thunderstorms    Fireworks    Dogs    Cats    Cars    Other \_\_\_\_\_

Does your pet respond to their name?    Yes    No

What are your pet's favorite toys and games: \_\_\_\_\_

List any behavioral insights you would like to share: \_\_\_\_\_

For S.A.F.E. Staff use only:

Date \_\_\_\_\_ Case # \_\_\_\_\_  Foster \_\_\_\_\_  ACS location \_\_\_\_\_