



**HEART**  
**HEALTHCARE & EMERGENCY ANIMAL RESCUE TEAM**



Safe Haven for Pets  
Program Application

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This Application is for the purpose of determining eligibility for your pet to participate in our program and receive temporary boarding & care; however, it does not guarantee acceptance into the program. Applicant must be 1) homeless, living in Orange County (on the street, in a motor vehicle, in a hotel, in an emergency shelter, or staying no longer than 2 weeks in a home which Applicant does not own or rent; or 2) a veteran experiencing extreme financial hardships. Submitting this Application does not guarantee acceptance into our program. • If more than one pet, please submit a separate Application for each pet. It is important that you answer all questions on this form. If any information is missing, your Application will not be processed. If you provide any false information, the Application will automatically be denied. Our response time is usually between 2 to 7 days. Please do not contact us before the 7<sup>th</sup> day and do not re-submit your Application.

Return this completed Application to HEART by fax: (657) 444-2210 or email: heart4pets.info@gmail.com

To be considered for this program, you must:

- ✓ Be experiencing homelessness in Orange County, California or be a U.S. veteran residing in Orange County, California;
- ✓ Be working with a case worker, doctor, or other healthcare professional who is authorized to discuss your situation with HEART (all information will be kept strictly confidential);
- ✓ Have a plan to immediately acquire housing or other type of emergency sheltering at the end of your pet's participation in this program;
- ✓ Have extreme financial hardship whereby you cannot afford to privately pay for boarding for your pet; and
- ✓ Agree to having your pet spayed/neutered if it is still intact (not "fixed").

Other eligibility requirements will be discussed with you during a telephone interview after our review of your Application.

Your Full Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you a U.S. Veteran? Yes  No  How did you heard about our program? \_\_\_\_\_

Where are you currently living? Motor home  Car  Emergency Shelter  Hotel  House/Apartment

Address or other location description: \_\_\_\_\_

If living in a house or apartment, who are you living with? Friend  Family member  Other person

How long have you been living at your current location? \_\_\_\_\_

Contact information for your Case Worker, Doctor, or Other Healthcare Professional who can verify your homelessness (not applicable for Veterans):

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Please explain the reason you are requesting help and the approximate dates needed for your pet's care: \_\_\_\_\_

\_\_\_\_\_

Pet's Name: \_\_\_\_\_ Dog  Cat  Other  (Describe) \_\_\_\_\_

Pet's Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Approx Weight: \_\_\_\_\_ Female  Male  Spayed/Neutered  Intact

Temperament: Fearful or Protective but not aggressive  Aggressive towards: People  Animals  None of these

I, the undersigned, declare that I understand the terms of this Application and that the information I provided herein is true and correct. I understand that personal identification will be required and other documentation may be required. I authorize HEART to contact my Case Worker, other professional named above, or other person or entity to verify my homelessness, and/or financial situation, and/or need for the Safe Haven program.

Pet Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_