



HEART
HEALTHCARE & EMERGENCY ANIMAL RESCUE TEAM



Safe Haven for Pets Program
Enrollment Application

This Enrollment Application (“Application”) is for the purpose of determining eligibility for your pet to participate in our Safe Haven for Pets Program (“Program”) to receive temporary boarding & care; however, it does not guarantee acceptance into the Program. Applicant must meet the eligibility requirements listed below. Other requirements will be discussed with you during a telephone interview after our review of your Application. If more than one pet, please submit a separate Application for each pet. You must answer all questions on this form. If any information is missing, your Application cannot 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 7th day and do not re-submit your Application.

Return this completed Application by email: **contactheart4pets@gmail.com** or fax to: **(657) 444-2210**

To be considered for this Program, you must:

- ✓ Be experiencing homelessness (living on the street, in a motor vehicle, or in an emergency shelter), and living 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 promptly acquire housing or other type of emergency sheltering at the end of your pet’s participation in the Program (not applicable to veterans who are housed);
- ✓ Have no means of financial assistance to board your pet and have no one to temporarily care for your pet;
- ✓ Provide proof that your pet is current on vaccines and have a fecal test done on your pet. (HEART will provide these services at no charge at any of its mobile clinics); and
- ✓ Provide proof that your pet has been spayed/neutered, unless it is under the age of 6 months. (HEART will assist with the cost of the surgery at specific pet hospitals or provide resources for financial assistance).

Your Full Name: _____ Phone: (____) _____ Email: _____

U.S. Veteran? Yes No If not a Veteran, how long have you been without housing? _____

Where are you currently living? Motor home Car Emergency Shelter Other _____

Case worker, doctor, or other healthcare professional who can verify your need for assistance through this Program:

Name: _____ Case Worker Doctor Other Phone: (____) _____

Brief explanation for reason you are requesting boarding for your pet: _____

Dates you are requesting boarding for your pet: From: _____ to: _____

Will you have housing after you pick up your pet from boarding? Yes No Undetermined

Pet’s Name: _____ Dog Cat Other (Describe) _____

Pet’s Breed: _____ Age: _____ Approx Weight: _____ Female Male Spayed/Neutered Intact

How long have you owned your pet: _____ Pet’s temperament (check all that apply): Friendly

Fearful Protective Aggressive towards people Aggressive towards other animals None of these

I, the undersigned, declare that I understand the eligibility requirements described in this Application and that the information I provided herein is true and correct. I authorize HEART to discuss and verify the information provided on this Application with my case worker, doctor, or other healthcare professional. I understand that proper identification will be required and other documentation may be required before my pet can enter the Program.

Pet Owner’s Signature _____

Date _____