

Medical Safety Net Assistance Application- Canine



Date _____

Owner Information

Name: _____ Date of Birth: ____/____/____

Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Average Monthly Household Income: _____

Number of People in Household: _____

1. Can you provide proof of monthly income?: YES _____ NO _____

2. Are you receiving any type of financial assistance (EBT card, TANF, SSI, etc...)? YES _____ NO _____

If YES, list type of assistance: _____

3. Do you have credit available? YES _____ NO _____

If NO, would you be eligible to apply for credit through a program such as Care Credit? YES _____ NO _____

Animal Information

Pet's name: _____

Breed: _____

Age: _____

Sex: MALE _____ FEMALE _____

Spayed or Neutered: YES _____ NO _____

1. If dog is not spayed/neutered, are you willing to have your dog spayed/neutered in the future:

YES _____ NO _____

2. How long have you owned this dog?: _____

3. Did you adopt this dog from Kitsap Humane Society? YES _____ NO _____

4. Is this dog primarily an indoor or outdoor dog? _____

5. Has your dog ever bitten? YES _____ NO _____

If YES, please explain: _____

Medical Information

1. What is your dog's medical issue today?:

2. Has your dog been examined by a veterinarian for this issue? YES _____ NO _____

If YES, what is the name of the vet hospital where the dog was examined?: _____

3. Prior to today's medical issue, what vet clinic did you take this dog to?: _____

4. Do you have previous vet records for this dog? YES _____ NO _____

If YES, can you bring them in? YES _____ NO _____

5. Is your dog up to date on vaccinations? YES _____ NO _____

6. Aside from today's medical issue, does this dog have any other medical issues that you are aware of?

YES _____ NO _____

If YES, please describe: _____

Other Information

1. Did you come here expecting that you would have to surrender or give up your pet?

YES _____ NO _____ NOT SURE _____

2. On a scale of 1-5, what is the likelihood that you will be able to keep your pet even if your issue cannot be resolved? (circle one)

1

2

3

4

5

Extremely Unlikely

Neutral

Extremely Likely

3. On a scale of 1-5, what is the likelihood that you will be able to keep your pet if your issue can be resolved? (circle one)

1

2

3

4

5

Extremely Unlikely

Neutral

Extremely Likely

4. Are there any other challenges that you are currently facing that might prevent you from keeping your pet?

YES _____ NO _____

If YES, please provide a brief description: _____

I certify that the information listed on this application is accurate.

Signature _____ Date _____

The Kitsap Humane Society Medical Safety Net is a partnership between Kitsap Humane Society and participating area veterinarians to offer financial assistance to pet owners who are facing the possibility of relinquishing ownership of their pet to Kitsap Humane Society due to an inability to afford needed medical treatment for the pet. It is asked that participating veterinary clinics who provide these services do so at a discounted rate as part of the partnership, enabling them to provide lifesaving care to their clients. KHS is able to provide financial assistance for direct fees attributed to necessary diagnostics and/or treatment only. Assistance is restricted to residents of Kitsap County and areas of the Olympic Peninsula that KHS services, including sections of Mason County, Jefferson County, and Pierce County.

Applications are reviewed by KHS Director of Shelter Medicine, Director of Animal Welfare, and Assistant Director of Animal Welfare on a case by case basis; approval is based on pet's prognosis and other qualifying factors. KHS will inform the client of application approval or denial. If approved, KHS coordinates payment with the veterinary office.

Kitsap Humane Society is able to offer the Medical Safety Net through a grant awarded to KHS by the ASPCA. The Medical Safety Net is offered as a community service and assumes no responsibility in diagnosis, treatment or outcome of beneficiaries. Kitsap Humane Society is an independent non-profit committed to providing positive life-changing solutions to people and companion animals.

Completed Medical Safety Net Applications may be submitted to Kitsap Humane Society in the following ways:

- Via email to: medicalsafetynet@kitsap-humane.org
- At the Customer Service desk during open business hours:

Sunday: Noon – 5:30pm

Monday: Noon – 5:30pm

Tuesday: Closed

Wednesday: Noon – 5:30pm

Thursday: Noon – 6:30pm

Friday: Noon – 5:30pm

Saturday: Noon – 5:30pm