KC PET ♥ PROJECT

7077 Elmwood Ave., Kansas City, MO., 64132
(816) 683-1383 | kcpetproject.org

Pet Care Assistance Program Application

About the Pet Care Assistance Program: As part of the *Keep 'Em Together, KC* initiative, KC Pet Project occasionally provides financial assistance for public, owned animals through private donations and grant funding to help keep pets in their homes and with their families. The funding is reserved to use for pet retention purposes only. Reasons acceptable for participation in the Pet Care Assistance Program include, but are not limited to:

- The owner otherwise cannot afford to pay the full cost of fees to reclaim their pet from KC Pet Project.
- The owner otherwise cannot afford the pay the full cost for medical care and/or treatment of their pet due to an illness or injury.
- The owner otherwise cannot afford the pay the full cost for a required pet deposit or pet rent.

About the Application Process: Completed applications may be submitted in-person to KC Pet Project located at 7077 Elmwood Avenue, Kansas City, MO., 64132 or electronically by emailing pethelp@kcpetproject.org

Upon submitting a completed application, it may take up to 72 hours for an application to be approved. Approval is not guaranteed, and grants are available on a case-by-case basis reliant upon availability of grant funds. Only complete applications will be considered for assistance.

Grant Qualifications:

- Applicants must be Kansas City, Missouri, residents – proof of residency may be required.
- Animals must be spayed or neutered, unless otherwise approved by the Program Director.
- Applicants may request care for a combination of cats, dogs, small animals, and exotic animals. *Small animals and exotic animals include, but are not limited to, rabbits, ferrets, guinea pigs, hamsters, mice, rats, snakes, bearded dragons, turtles, etc.*
- Applicants must agree to provide all requested documentation including vaccination records, medical information, care information, and/or estimates for care or medication(s).
- If appropriate, applicants may be requested to allow KC Pet Project to obtain photos of the animal(s) and the pet family including the Owner and/or Designated Contact to share with potential donors and/or sponsors.

Grant Approval Requirements:

- Completed application including all required documents
- Review of available funding
- Pet Support Specialists may approve individual grants up to $100
- Pet Support Manager may approve individual grants up to $500
- Director of Community Programs and/or CEO may approve individual grants exceeding $500

Pet Care Assistance Program Application

Today's date: _____

The Pet Care Assistance Program is made possible by the generosity of private donations and grant funding. Applications are reviewed and financial assistance awarded on a case-by-case basis. Approval for the Pet Care Assistance Program is not guaranteed.

About the Pet Owner *Please note that the pet owner must be 18 years of age or older.*

Owner first and last name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email: _____

Identification (please attach a copy): □ Non-driver's license □ U.S. Passport □ Driver's license □ None

About the Application

How did the applicant hear about this program? □ Friend/word of mouth □ Website □ Internet search
□ Other (please list): _____

Has the applicant applied for financial assistance with KC Pet Project before? □ Yes □ No

Financial assistance is being requested for the following: (please check all that apply)
□ Reclaim/impoundment fees □ Microchip □ KCMO City License □ Vaccinations □ Pet rent □ Pet deposit
□ Pet medical treatment (please describe):_____
□ Pet medications (please describe):_____
□ Other, please specify: _____

What is the total amount of financial assistance being requested? $_____

Is the applicant seeking assistance from another social service organization or grant program? *Seeking assistance from another organization does not disqualify the applicant for consideration of assistance.*
□ Yes □ No   If <u>yes</u>, please list: _____

Is the applicant currently working with a social worker or case manager? □ Yes □ No
If <u>yes</u>, please provide the following information:
Case manager/social worker first and last name: _____

Organization associated: _____

Organization street address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email: _____

If the applicant is approved for financial assistance, are they interested in a payment plan to make affordable no-interest payments over a specified term? □ Yes □ No
If <u>yes</u>, what amount and at what frequency? $_____ □ Weekly □ Biweekly □ Monthly

About the Animal

Name: _____ Animal ID: _____

Species: _____ Age: _____ Weight: _____ Sex: M F

Breed: _____ Color(s): _____

Is this animal microchipped? □ Yes □ No **Has this animal seen a vet before?** □ Yes □ No □ Unknown

Is this animal fixed? □ Yes □ No □ Unknown **Date of animals last vaccines:** _____

How long have you had this animal? _____ □ Days □ Weeks □ Months □ Years

Has this animal bitten anyone in the last ten (10) days? □ Yes □ No

What do the applicant's pet(s) mean(s) to the applicant and/or the applicant's family? *Information in this field will not be used to make decisions on funding, and answering this question is not required to submit the application. This question is to help us find sponsorship for grant funding and to let our donors know who their funds are helping and the impact their support has. If needed, attach additional paper.*

_____

_____

_____

_____

_____

_____

_____

AGREEMENT AND UNDERSTANDING

I have read and agree to the grant qualifications. By submitting this application, I attest that it has been completed in good faith. I understand that incomplete applications and/or the submission of false information may result in my application being denied. By signing below, I attest that I am the lawful owner and/or a representative lawfully authorized to make decisions on behalf of the animal(s) named/described above in this application.

First and last name (please print): _____

Signature : _____ Date: _____

OFFICE USE ONLY --

Date application received: _____ Application reviewed by: _____

Status: □ Approved □ Denied   Maximum amount of financial assistance granted: $_____

Payment should be remitted to: _____

Case notes entered into: □PetPoint □Trello *Submit all reviewed applications to the Director of Community Programs*