Mississippi Disaster Pet Owners Relief Request Form

Provided by Hope for Paws Foundation, Inc.

Hope for Paws Foundation, Inc. is committed to assisting pet owners affected by natural disasters or unforeseen hardships. If you need emergency support for your pet(s), please complete this form. Our team will review your request and reach out as soon as possible.

Applicant Information

Full Name:

Street Address:

City: State: ZIP:

Social Security Number:

Driver's License Number and State:

Phone Number:

Cell Phone Number:

Email Address:

Preferred Contact Method: ☐ Phone ☐ Cell ☐ Email ☐ Text

Disaster or Emergency Information

Type of Disaster or Emergency (Check all that apply):

☐ Hurricane ☐ Winter Storm

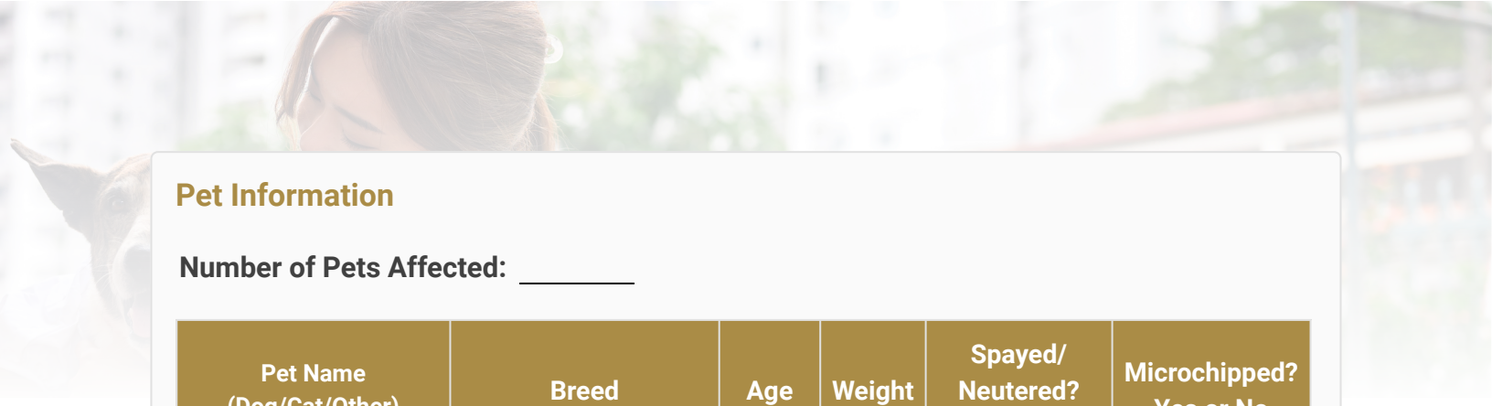
☐ Flood ☐ Power Outage

☐ Tornado ☐ Other (Please Specify): _____

☐ Fire

Date of Disaster or Emergency:

Is your home currently livable? ☐ Yes ☐ No



Pet Information

Number of Pets Affected: _____

Pet Name (Dog/Cat/Other)	Breed	Age	Weight	Spayed/ Neutered? Yes or No	Microchipped? Yes or No

Is your pet currently with you? ☐ Yes ☐ No

If no, where is your pet currently located? _____

Support Needed

Please check the type(s) of assistance you are requesting:

- ☐ Pet Food Assistance *(Specify type: □ Dry Food □ Wet Food □ Other)*
- ☐ Emergency Boarding/Shelter for Pets
- ☐ Veterinary Care *(□ Emergency Treatment □ Medications □ Vaccinations □ Spay/Neuter)*
- ☐ Temporary Foster Placement
- ☐ Pet Transportation Assistance
- ☐ Pet Supplies (Crate, Leash, Litter, etc.)
- ☐ Lost Pet Assistance
- ☐ Other (Please Describe): _____

Additional Information

Please describe your current situation and any additional details about the help you need:

Authorization for Background Check

I hereby authorize Hope for Paws Foundation, Inc. to conduct a background check, including verification of the information provided and obtaining reports from law enforcement agencies as necessary, to assess my eligibility for assistance. I understand that this information will be used solely for the purpose of evaluating my application and will be kept confidential.

Certification & Agreement

By signing below, I certify that:

- The information provided in this application is accurate and truthful.
- I understand that assistance is subject to availability and approval.
- I agree to use any support provided solely for the intended purpose.
- I understand that all pets receiving veterinary or medical care assistance must be spayed or neutered unless medically inadvisable.
- I agree not to surrender my pet(s) and to keep my family together as a condition of receiving assistance.

Signature: _____

Date: Month Day Year

Submit Completed Form & Documents to:

- Email: support@hopeforpawsfoundation.org
- Mailing Address: Hope for Paws Foundation, Inc.
- P.O. Box 1009, Madison, MS 39130

Questions?

Call us at **(601) 790-0503**

Note: All information provided will be kept confidential and used solely for the purpose of evaluating your application for assistance.