Mississippi Non-Disaster/Emergency Assistance Pet Owner Relief Request Form

Provided by Hope for Paws Foundation, Inc.

Hope for Paws Foundation, Inc. is dedicated to assisting Mississippi pet owners facing financial hardships unrelated to natural disasters. To request assistance, please complete this form in its entirety.

Eligibility Requirements:

- Must be a resident of Mississippi.
- Experiencing financial hardship unrelated to natural disasters.
- Willingness to provide necessary documentation to support the request.
- Agreement to spay/neuter pets receiving medical assistance, unless medically inadvisable.

Section 1: 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

Section 2: Household Information

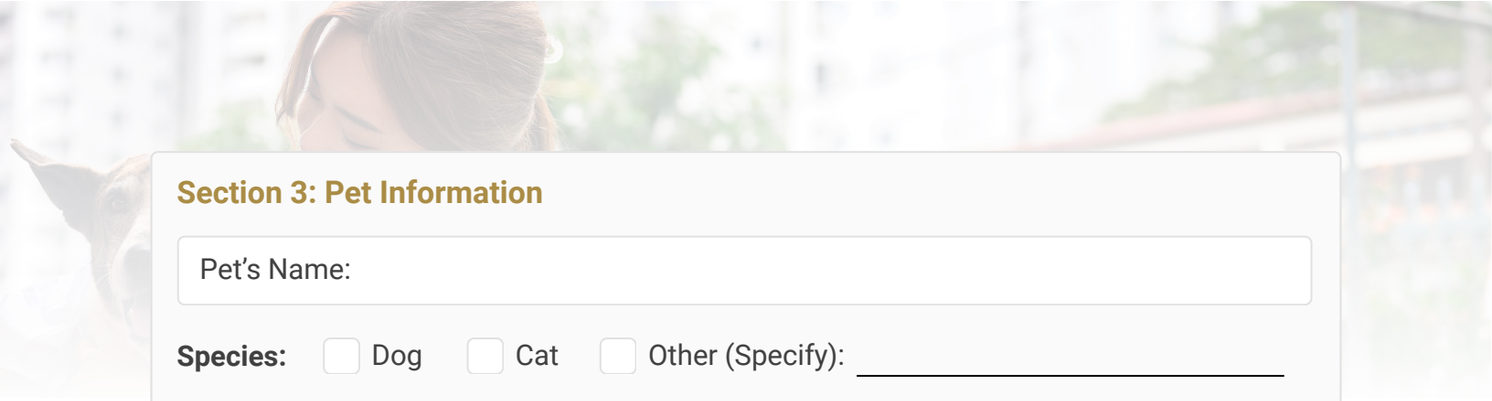
Total Household Income:

☐ Less than $25,000 ☐ $25,000 - $50,000 ☐ Above $50,000

Number of Adults in Household:

Number of Children in Household:

Number of Pets in Household:



Section 3: Pet Information

Pet's Name:

Species: ☐ Dog ☐ Cat ☐ Other (Specify): _____

Breed: Age:

Spayed/Neutered? ☐ Yes ☐ No

If no, do you agree to spay/neuter as a condition of support? ☐ Yes ☐ No

Section 4: Type of Assistance Requested

☐ **Pet Food Assistance** – Temporary food supply for your pet(s).

☐ **Emergency Veterinary Care** – Financial assistance for urgent medical treatment (attach a veterinarian estimate).

☐ **Routine Veterinary Care** – Assistance for vaccinations, wellness checks, and preventative care.

☐ **Spay/Neuter Assistance** – Low-cost or free spay/neuter services.

☐ **Emergency Boarding** – Temporary housing for pets due to temporary hardship (hospitalization, domestic violence, etc.).

☐ **Pet Supplies** – Assistance with essential pet supplies (crates, bedding, litter, etc.).

☐ **Other** – Please describe: _____

Section 5: Reason for Request

Provide a brief explanation of your financial hardship and how this assistance will benefit you and your pet.

Section 6: Supporting Documents

Please attach relevant documents to support your request, such as:

- Proof of financial hardship (e.g., unemployment documentation, medical bills).
- Veterinary estimate for care.
- Proof of pet ownership (e.g., vet records, adoption papers).

Section 7: 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.

Section 8: 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.