

Another Sunny Day Fund

a division of Four Legged Friends Foundation



Client Application

Section 1 (Basic Information)

Last Name: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Eve Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth _____ (Check One) Female _____ Male _____

Please Check Type of Residence: House _____ Apt _____ Other _____

Check One: Live Alone _____ Spouse/Sig. Other _____ Roommate _____ Family _____

Apt Manager's Name _____ Phone Number _____

Do they live on the premises? Yes ___ No ___

How did you hear about us? _____

Section 2 (Personal Data)

Please check all that apply:

I am currently:

Retired _____ Working Full-Time _____ Part-Time _____

Receiving Social Security _____ Receiving Welfare _____ Food Stamps _____

On MediCal _____ Disabled _____

Whom should we contact in case of emergency?

Name _____ Relationship _____

Address _____

Phone Number(s) _____

Section 3 (Pet Information)

Pet's Name _____ DOG _____ CAT _____ OTHER _____

Pet's Age _____ Breed _____

Apprx Weight _____ Neutered/Spayed Yes ___ No ___

Current Vaccinations: Yes _____ No _____ Color _____

Does this pet have a current medical condition? Yes _____ No _____

If yes, please list condition, symptoms and/or prescriptions:

Do you have a current Veterinarian? Yes _____ No _____

Current Veterinarian's Name: _____ Phone: _____

Current Veterinarian's Address: _____

Do you drive: Yes _____ No _____

Do you have transportation to the Vet's office? Yes _____ No _____

Section 4 (Pet Care Information): Explanation of Funding Needed:

Pet Name: _____

Funding for Vet Services _____ Anti-Flea Medication _____ Pet Food _____

Cat Litter _____ Transportation to Vet's Office _____ Dog Walking _____

Other (please specify): _____

Diagnosis: _____

Treatment: _____

Estimated Cost of Treatment: _____

Amount (if any) to be Paid by Client: _____

Amount (if any) Paid by Other Resources: _____

Please Describe: _____

Amount of Funding Requested: _____

Clinic Facility to Care for Animal

Facility Name: _____ Vet Name: _____

Contact: _____ Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Section 5 (Financial Information)

Monthly Income

(Specify dollar amount or indicate "applied for")

Salary	\$
Employer Benefits	\$
Social Security	\$
SSI	\$
State Disability	\$
Private Insurance	\$
Pension	\$
Stocks/Assets	\$
Family Assistance	\$
Other Income	\$
Total Income	\$

Monthly Expenses

(Estimated)

Rent/Housing	\$
Electricity	\$
Gas	\$
Telephone	\$
Insurance	\$
Groceries	\$
Medicine	\$
Cable	\$
Other	\$
Other	\$
	\$
	\$
Total Exp	\$

Additional Information: _____

Client Agreement

I understand that Another Sunny Day Fund, a division of Four Legged Friends Foundation is a California non-profit organization for low income and/or financial hardship pet caretakers. I understand that any information in which I provide, in order to determine my eligibility for services is accurate. If at any time my status changes I will inform Another Sunny Day Fund. I acknowledge that any assistance given to me by Another Sunny Day Fund is a the sole discretion and option of Another Sunny Day Fund and that dollar assistance levels and criteria for service are subject to change without notice and are subject to availability.

I hereby grant Another Sunny Day Fund permission to discuss my application with potential donors without disclosing my identity.

I will contact Another Sunny Day Fund after my pet has been medically treated to report the condition of my pet and possibly provide a testimonial letter with picture for fundraising purposes (letter can be anonymous if preferred).

Signature: _____ Date: _____

Please include a copy of your driver's license.

Fax completed form to 310-441-3874 or email to asdf@flff.org.