

Do you know anyone that has received financial assistance from "HSKP"

If yes who? _____ Have you ever fostered for, or are you affiliated with another rescue group? YES / NO If so, who? _____

*****IMPORTANT:** As part of Helping Seniors Keep Pets assistance YOU will be required to have all pets in your home spayed/neutered within 90 days of receiving assistance. If spay/neuter is NOT part of the services YOU are requesting you will need to alter your pets at your own expense. If YOU are requesting a spay and your pet is pregnant when she arrives at the veterinarian's office, the pregnancy will be terminated as part of the spay surgery. Your signature below indicates that you have read and understand the above.

Please initial here if you agree to these terms: _____

****PLEASE BE PREPARED TO PROVIDE PROOF OF INCOME AND/OR PROOF OF RESIDENCY****

Signed: _____

Your Name (Please print plainly): _____

Date: _____

Photography/Video Release Clause:

I hereby authorize Helping Seniors Keep Pets to publish photographs and/or videos taken of my personal property described as pets for use in the non-profit's publications including those that are printed, published online, or created in video form, as well as other non-profit publications.

I attest that I have full authorization to consent to publication of these photos. Further, I hereby release and hold harmless Helping Seniors Keep Pets from any reasonable expectation of privacy or confidentiality associated with the above specific images.

I further acknowledge that neither I nor any other party who may share ownership of the property described above (whether in the past or future) will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company publications or royalties whatsoever and that participation is voluntary.

I hereby release Helping Seniors Keep Pets, its volunteers, board members, and any third parties involved in the creation of publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization: I understand that I am not to make any appointment for my pet on behalf of HSKP.

Printed Name: _____

Signature: _____ **Date:** _____

**Recipients of assistance will be chosen by a majority vote of the board of directors of Helping Seniors Keep Pets from applicants in the DFW, Texas area. Each applicant will be contacted via telephone or email once your application has been approved or denied.*

Must provide. EMERGENCY CONTACT INFORMATION.

NAME: _____ RELATIONSHIP _____

PHONE: _____ PHONE _____