| Lucy's House for the P | revention of Homeless Pets |
|---------------------------------|-------------------------------|
| Keeping Fami | ilies Together |
| Two Hearts- | One Love |
| Stray Cat Medical Su | pport Application |
| Helping to Reduce Homelessne | ess in Cats One Cat at a Time |
| Name of Person: | _ Date: |
| Town of Residence: | _ County: |
| State: Vermont Phone Number: | |
| Email address: | |
| Stray: Yes No Where Found: | Male Female |
| Condition of Animal when Found: | |

Medical Assistance Needed/ Circle Areas: Spay Neuter Other Medical Support

Stray Cat Medical Assistance

| Common Medical Concerns | Other Medical Services |
|-------------------------|------------------------|
| Spay/ Neuter: | Ear Mites |
| Vaccinations: | URI |
| Rabies Distemper | |
| Flea Treatment: | UTI |
| Deworming: | Hematoma |
| Feline Leukemia Testing | Fracture |

Do you plan on adopting this cat or dog? Yes No

Adoptions go through Muffin's Strays, our partner organization, and an application through them must be filled out. Lucy's House provides medical and spay/neuter support. If you plan on adopting the stray animal found are you able to provide a stable home environment for the animal? Circle One: Yes No

If so, please let us know the following information:

Do you receive any public assistance? Check off any that apply and show proof of any checked off below through letters from state assistance or federal programs. A photo ID. is required to verify identity.

Social Security: _____ SSI: _____ 3 Squares: _____ Fuel assistance: _____ Medicaid: _____

1. Do you fit in any of these categories? We keep track of this for grant funding. It could help us to provide you with additional resources when available. Check off any that apply.

Senior Citizen:_____ Disabled:_____ Veteran:_____ Laid Off/Unemployed:_____

Pictures are required of pets who receive our medical funding. In signing this form you agree to provide Lucy's House with pictures of pets receiving medical support prior to receiving veterinary care. Names of pets can be changed if requested. Failure to comply with this request means the owner of the pet will be required to reimburse Lucy's House the funds provided.

| Signature of Owner: | Data |
|---------------------|-------|
| Signature of Owner. | Date: |
| | Dute: |