

Hardship Assistance & Agreement

Date: _____

Name of Applicant: (pet owner) _____

Address: _____

City: OH Zip: _____

Phone (hm) Cell _____

Email _____

Your Pet Name of Dog/Cat: _____

REASON for request: EXPLAIN in detail the situation, use back side if necessary

SURGERY date: _____

Your Vet: _____

Vet Phone: _____

In order to provide assistance, DREAM requires the pet owner to show "responsible pet care" by providing your pet with the necessary vaccinations and heartworm test by the end of the month in which your pet's surgery is completed - OR proof of current vaccinations should be attached to this form.

A copy of the estimated vet expenses you are incurring must be attached or Emailed to PetsRRpassion@gmail.com

Signature of applicant

Signature of DREAM Officer



Return form to: DREAM, P.O. Box 322, Tipp City, OH 45371