



Dedicated Rescue Efforts for  
Animals in Many Counties

# Request for Assistance 2020

Date: \_\_\_\_\_

## Part 1 - Owners

Name of Applicant: (owner of DOG) \_\_\_\_\_

Address: \_\_\_\_\_

City: OH Zip: \_\_\_\_\_

Phone (hm) Cell \_\_\_\_\_

Email (optional) \_\_\_\_\_

## Part 2 - Your Pet

Name of Dog or Cat: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: Male / Female

Approx. Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Source of Animal: circle one

Found or Adopted from \_\_\_\_\_ or friend

Pet store \_\_\_\_\_ or - Relative - Breeder

How long have you owned your pet? \_\_\_\_\_

### REASON for request: Check all that apply

Appears Healthy

In Heat

Friendly

Pregnant

Previous litters, # \_\_\_\_\_

Runny Eyes & Nose

Still Nursing

Fleas or Ticks

Bites / Scratches

Dental

Health Issues \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Part 3 - Your Vet**

Your Vet: \_\_\_\_\_

Vet Address: \_\_\_\_\_

City: St: Zip: \_\_\_\_\_

Vet Phone: \_\_\_\_\_

Is your pet current on vaccines?      Circle one: YES    NO

**If yes, please attach a copy of vaccination record.**

### **Process for using DREAM's subsidy program:**

- Complete this form and RETURN to DREAM via EMail or Postal service
- DREAM will review the application, may contact your veterinarian about applicant and other parties involved with this special request

**Send this application\* with vaccination records to:**

DREAM

P.O. Box 322

Tipp City, OH 45371

\* One application per family per calendar year only.

**After receipt of your application you will be notified about the decision for approval or why approval is pending or denied.**

**Dream's approval** \_\_\_\_\_

