Monroe's Mighty Mission Client Application

P.O. Box 1151, Roebuck, SC 29376 | admin@monroesmightymission.org
Please complete the <u>entire</u> application for services to be considered.

Contact Information

Name: _____

Address (*Street, City, State & Zip*): _____

Phone: _____   **Email Address:** _____

Pet Information

How many animals do you currently care for? _____

Seeking assistance for:

☐ Pet Food   ☐ Spay/Neuter Surgery   ☐ Other Veterinary Care   ☐ Pet Supplies   ☐ Other _____

Will you need transportation for your pet for any medical services provided?   Yes   or   No   (*Circle one*)

Pet #1 Name: **Species:**   Dog   or   Cat   (*Circle one*)
Breed/Mix & Color (*if known*):   **Approximate Weight & Age:**
                                                      Spayed/Neutered?   Yes   or   No   (*Circle One*)
Gender: **Up to Date Vaccinations?**   Yes   or   No   (*Circle one*)

Pet #2 Name: **Species:**   Dog   or   Cat   (*Circle one*)
Breed/Mix & Color (*if known*):   **Approximate Weight & Age:**
                                                      Spayed/Neutered?   Yes   or   No   (*Circle One*)
Gender: **Up to Date Vaccinations?**   Yes   or   No   (*Circle one*)

** In order to qualify for some services or low-cost rates, Monroe's Mighty Mission may ask to see proof of government assistance.

Monroe's Mighty Mission serves residents of Spartanburg County, SC and provides needs-based, temporary services to clients when funds, supplies, and volunteers are available. Monroe's Mighty Mission cannot assist more than two pets per household or cover veterinary care costs of more than $100 per animal without approval by the director for any special circumstances the applicant may need considered.

I, _____, hereby release Monroe's Mighty Mission (MMM) and all of its affiliates including any MMM board member, MMM volunteer or any other agency that are associated with MMM, from any responsibility resulting in poor outcomes for my pet due to the medical services, pet food and supplies, or transportation provided or funded by MMM. I understand that while every effort is made to ensure the absolute best care and products are used for the animals, that there is some risk associated with any product or care service.

Signature_____ _____   **Date**_____