

EASEL Animal Rescue League
**COMMUNITY ASSISTANCE
& FINANCIAL AID FORM**



P.O. Box 5903
Lawrenceville, NJ 08638
Phone: 609-883-0540
Fax: 609-631-8038
www.easeinj.org

OWNER INFORMATION (please print)

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Veterinarian: _____

Special Assistance: Food Stamps SSI ADC Welfare Medicaid Other (please specify): _____

How did you hear about EASEL?: _____

ANIMAL INFORMATION (please print)

Animal Name: _____ dog cat other: _____

Breed/Type: _____ Color/Markings: _____

Age: _____ Gender: male female Spayed/Neutered: yes no

Services needed: spay/neuter basic shots microchip dental surgery other *provide details below*

Reason for requesting assistance: _____

NOTE: Please provide all available medical records to EASEL when requesting assistance.

**All animals are expected to be healthy and have a good temperament unless noted above.
Owners are required to disclose any bite history if applicable.**

I certify that I am the owner of, or am authorized to provide care for, said animal. I further understand that there are no written or verbal guarantees given or implied regarding the treatment of this animal. I hereby consent and authorize the EASEL Animal Rescue League (EASEL) and/or their agents to perform any necessary procedure(s). I agree to indemnify and hold EASEL and/or agent, employees and volunteers harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

If a surgical procedure is indicated, by signing this consent form I am authorizing EASEL and/or its agents to administer tranquilizers, anesthetics, and/or analgesics that are deemed appropriate for my pet. I have been informed that all drugs have the potential for adverse side effects in any particular animal. The chances of such occurrence are extremely low; however, death can result in any anesthetized patient.

If I neglect to pick up my pet within seven (7) days after the specified time for return and if EASEL is not notified of an alternative date within this seven day period, the pet will be considered abandoned. EASEL is given the right to place the animal up for adoption.

I hereby acknowledge that I have read the above and fully understand the terms and conditions set forth. I, the undersigned, certify that the information provided is true and do hereby hold EASEL harmless in assisting with the above described animal.

Signature: _____ Date: _____

EASEL approval: _____