

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.easelnj.org](http://www.easelnj.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: \_\_\_\_\_