

Junction City Animal Shelter Max's Fund Application

Emergency

		Applicant Information	n	
Full Name:				Date:
i uli ivallic.	Last	First	M.I.	Date
			••••	
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
		Drivers		
Phone:		License # and State		
i ilolio.		and State		
		Use of Funds		
Please list ar	n explanation of what you a	re needing assistance with:		
		Veterinary Care		
Please list y	our current Veterinary C	are Provider or your preferred choice	for a Vet office:	
Name of Ve	et Office:			
				
Phone num	ber of Vet Office:			
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IF you are n	eeding assistance with so	omething other than vet care, please sp	pecify below brands. to	pe, etc. that are preferred.
Please note	this is not guaranteed- b	ut we can try!		

*Applicants are awarded when funds are available- your application will stay on file until we are able to assist. You can apply more than once, if we notice a trend of the same care (food, prevention, etc.) every month, we can deny your application. We want to ensure this is for assistance in tough times, not used to supplement indefinitely. Emergency applications will take precedence over any application. Please note payments will be made directly to the vet office for care or supplies will be bought by Junction City Animal Shelter for you to pick up or Animal Control to deliver if needing assistance with pick up of items.