



Santa Cruz SPCA and Humane Society
2685 Chanticleer Avenue
Santa Cruz, CA 95065
831-465-5000

Senior Fund Application Form – Veterinary Care

Date of Application _____

Applicant's Name (first and last) _____

Applicant's Phone Number(s) Home _____ Mobile _____

Applicant's Address _____

Applicant's Email Address _____

Applicant's DL/ID # _____ **Please attach copy of DL/ID to this form**

Animal Name _____ Animal Sex _____ Animal Age _____

Animal Breed _____ Animal Color _____

Health Issue _____

(SCSPCA staff to fill out portion below dotted line)

Total Estimate Amount for Diagnosis _____

Fund Coverage Amount _____ Owner Coverage Amount _____

Type of Diagnostic Procedure Needed _____

Veterinarian or Clinic _____

Request Approved By _____ Date _____

-DL/ID -Proof of Income -Appt. Made (Date _____ Time _____) Service Report Vet Records Receipt

