



**Fairbanks Senior Center**  
 1424 Moore Street  
 Fairbanks, AK 99701  
 Main: (907) 452-1735  
 Fax: (907) 451-9974



Date of Contact: _____	Time of
Contact: _____	Low Income of
\$30,000:    Yes    or    No	
60 Years and Older:    Yes    or    No	



## Pets Need Vets

FY2023 Pet Services Application

**February 24<sup>th</sup>, 2023 – Last Day for Pet Grant**

**Pet Owner's Name:**

\_\_\_\_\_

Last First

**Homebound:** Yes  No

**MOW Recipient:** Yes  No

**Pet Owner's Birth Date:** \_\_\_\_\_

**Pet Owner's Address:**

\_\_\_\_\_

Street City Zip code

**Pet Owner's Phone Number:**

\_\_\_\_\_

Primary Cell/Secondary

**Pet Owner's Emergency Contact:**

\_\_\_\_\_

Name Relationship Phone Number

**Pet #1:**

**Type of Pet:** Cat  Dog  Other  \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Gender:** Male  Female

**Pet Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Pet's Age/Birth Date:** \_\_\_\_\_ **Pet's Weight:** \_\_\_\_\_

**Neutered/Spayed:** No  Yes  **Rabies Shots:** No  Yes

**Request of Pet Services Needed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pet #2:**

**Type of Pet:** Cat  Dog  Other  \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

**Gender:** Male  Female

**Pet Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Pet's Age/Birth Date:** \_\_\_\_\_

**Pet's Weight:** \_\_\_\_\_

**Neutered/Spayed:** No  Yes

**Rabies Shots:** No  Yes

**Request of Pet Services Needed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Vet:** \_\_\_\_\_

**Vet Address:** \_\_\_\_\_  
Street City Zip code

**Phone Number:** \_\_\_\_\_

**Vet Appointment Date:** \_\_\_\_\_

**Vet Appointment Time:** \_\_\_\_\_

**Additional Notes:**

**Staff Initials:** \_\_\_\_\_

**FSC Program Referral:** \_\_\_\_\_

**Date:** \_\_\_\_\_