



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

FY2025 Pet Services Application

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:** _____