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 $40,000: Yes ☐ or No ☐
60 Years and Older: Yes ☐ or No ☐

Pets Need Vets

FY2027 Pet Services Application

($250 Cap Per Pet/ 2 Pets Per Household)

Pet Owner's Name: _____
Last First

Homebound: Yes ☐ No ☐ **MOW Recipient:** Yes ☐ No ☐

Pet Owner's Birth Date: _____

Pet Owner's Address: _____
Street City/State Zip code

Pet Owner's Phone Number: _____
Primary/Cell Phone

Pet Owner's Emergency Contact: _____
Name Relationship Phone Number

Email Address: _____

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/State Zip code

Phone Number: _____

Vet Appointment Date: _____ **Vet Appointment Time:** _____

Additional Notes:

Staff Initials: _____ **FSC Program Referral:** _____ **Date:** _____