**About the Program**Sometimes you need a bit of extra help to ensure your pet has a healthy and happy life along your side. Surrendering your pet to a shelter should always be your last resort. Our Community Pet Support Program can offer you support through our Pet Pantry for basic supplies and pet food or through our Community Pet Support Program.

Our **Community Pet Support Program** helps connect pet owners with access to affordable veterinary care and other needed pet resources. Our goal is to provide support to pet owners in need facing financial barriers to essential pet wellness services including short-term boarding needs, behavioral training support, pet supplies, short-term pet food assistance, short-term medication assistance, critical surgeries (non-urgent), spay-neuter, vaccines, and other veterinary services. To be eligible for this program, clients must demonstrate financial need.

Our **Pet Pantry** is open to the public daily between 9:00 a.m. – 4:00 p.m. Pet owners and community cat care takers can pick up two weeks worth of supplies at time. Supplies may include wet or dry food, treats, carriers, crates, and leashes. Offerings vary and based availability. Application is not required for access to the Pet Pantry.

*Please note – we are not able to fund emergencies requiring immediate care. The Community Pet Support Program funds non-basic, non-urgent care. This includes medical care that is above and beyond basic care, but which does not require urgent treatment.*

**Program Guidelines:**

* Applicants must be current residents of Miami-Dade County. Applications from other counties will not reviewed.
* Applicants must be legal owner of the pet. You cannot apply for a pet that is not yours or on behalf of another person.
* Applications for veterinary care funding can only be done online and will require access to a printer. If you do not have internet access you will need to go to your local library, which will have computers, printers, and internet access available. Alternatively, you can ask your veterinarian’s office for assistance, or you can ask friends or family members to assist you.
* The Community Pet Support program sends funding directly to the treating veterinarians/service provider ONLY IF your application is approved and service is scheduled. Providers must agree to receive payment directly from the Humane Society of Greater Miami. Funding resources are limited, and the Community Pet Support Program makes every effort to use limited funds in the most responsible way.
* Applicants are limited to one application per pet lifetime. The program will receive applications for dogs and cats only.
* You must have owned your animal for 6 months or longer and must intend to keep the animal. Fosters, rescues, and breeders are not eligible for this program.
* Any bills already paid or procedures already in progress will not be reimbursed (whether the bill has been paid yet or not).
* The Humane Society of Greater Miami strongly discourages declawing, ear cropping or debarking surgeries and will never fund these procedures under any circumstances.
* Once an application is received, please allow 5-7 business days to receive a response. A member of our team will contact you.

**Eligible Services:**

* Basic pet supplies such as a crate, bowls, training pads, litter, etc.
* Short-term food needs. For owners experiencing hardship that cannot afford special/prescription pet food. Assistance may be from 1-3 months, based on need and available funding.
* Short-term boarding (in response to owner medical needs or displacement due to disaster).
* Behavioral training support for pets who are destructive and/or difficult to handle. Training to help the owner keep their pet home.
* Short-term medication needs. For owners experiencing hardship that cannot afford pet medications. Must have current pet prescription. Assistance may be from 1-3 months, based on need and available funding.
* Veterinary care – financial support for critical non-urgent surgeries, spay/neuter services, vaccinations, heart worm/flea prevention, and other services as deemed necessary/appropriate. Applicants must already have taken their animals to a veterinarian for diagnosis and must have a written estimate for the needed procedures (if applicable).

**Collect the Following:**

* Proof of income/hardship - This can be a copy of a check stub, unemployment benefits, disability benefits, fire department report, etc. The documentation must be recent.
* Copy of a written cost estimate for the needed procedures and/or treatment from your veterinarian. (If applicable)
* Name, address, and medical license number for your treating veterinarian. This will be included on your online application form. If you do not have this information available, wait to fill out your online application until you have obtained this information.

*The Community Pet Program does not discriminate on the basis of age, gender, sexual orientation, race, or disability. The Pet Fund reserves the right to deny funding to anyone for any reason.*

***Owner Information (Applicant must be legal owner of the pet)***

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Pet Information***

Pet Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Request:

* Financial Hardship
* Disaster Event
* Other
* If other please describe:

Service Requested:

* Basic Pet Supplies
* Short Term Boarding Services
* Medication Assistance
* Behavioral Training Support
* Veterinary Care

Please describe the need for the services you are requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the current health of your pet. Upload any relevant medical documents.

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Have you received assistance from other organizations/resources in the past 12 months?

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Please upload your proof of hardship:

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