



Heart2Heart Pet Lifeline Application

Clients with no permanent address

Referring organization (please check) : Salvation Army New Horizon

Name of referring shelter staff: _____

email: _____ phone: _____

Date: _____

Full Legal Name (on DL/ID)

First _____ M.I. _____ Last _____

DL/ID # _____ State of issue _____

Phone # _____

Email _____

Date of birth _____

If applying for La Crosse County pet license required for transitional housing:

Address of new housing _____

CRHS staff use only Check license file

Pet's name _____ Pet's age _____

Male _____ Female _____

Type of animal/breed

Spayed/Neutered Yes _____ No _____

Name and Phone number of veterinarian

Reason for application: ___medical service/treatment ___license

Estimated Cost of Treatment

Other comments (optional)

I understand that Heart2Heart Pet Lifeline, Inc. assumes no liability and makes no assurances as to the appropriateness, quality or outcome of any medical diagnoses, treatments, products or services and hereby waive any and all claims for liability against Heart2Heart Pet Lifeline Inc. I certify that the information given by me in this application is true and complete. I further understand that any falsified information that I provide will terminate the reviewing process immediately. I hereby authorize release/disclosure of records and/or other information concerning the above inquiries, including but not limited to veterinarian records. Heart2Heart Pet Lifeline, Inc. reserves the right to refuse any application. By signing below I understand and agree to Heart2Heart terms and conditions. By signing this application, you agree, under the penalty of perjury, to the above contract, and confirm that all information provided is the truth to the best of your knowledge.

Print Name of Applicant

Date_____

Signature_____

Heart2Heart does not retain any sensitive or confidential information.