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SVACA COVID-19 RELIEF FUND

COMPANION ANIMAL CUPBOARD APPLICATION

Thank you for your interest in receiving assistance from SVACA's COVID-19 Fund/Companion Animal Cupboard. This program assists pet owners experiencing financial hardship by providing food, supplies and/or spay/neuter, microchip and vaccination services to dogs and cats at no cost to you. The program exists to keep families and their companion animals together through difficult times. Our hope is that a program such as this will help to decrease stress for families who love and care for their companion animals.

The Companion Animal Cupboard is available to all family residents of Campbell, Monte Sereno, Mountain View and Santa Clara experiencing such financial hardship.

Please fill out the information below to get started.

Name:	Telephone:
Address:	City/State:
Zip Code:	Email Address:
Name of authorized alternate for food pickup:	<i>Office Use (leave blank):</i>

Please list all pets you need assistance for below:

Type of Animal	Age	Weight	Breed

I may need food delivered to me. Yes No

I would like to have my animals(s) spayed or neutered at no cost to me. Yes No

I would like to have my animals(s) vaccinated at no cost to me. Yes No

How did you hear about the Companion Animal Cupboard? _____

Program Guidelines for Program Participants:

- We are anticipating impacts of COVID-19 due to many factors, including loss of wages. We'll do our best supply our community members, however, support is dependent on community donations.
- Food distribution is every 30 days during Companion Animal Cupboard designated hours.
- Photo identification will be shown to staff at collection.
- SVACA cannot guarantee support of additional pets that are acquired after entry into the program.
- Please do not sell, give away, or return to a store any pet food or supplies received through the Companion Animal Cupboard.
- SVACA reserves the right to discontinue service through its Companion Animal Cupboard program if necessary.
- Please notify SVACA if you should no longer need support so that others may be helped.

By signing below, you understand and agree to all of the requirements and statements as indicated in our program outline.

Applicant Signature _____

Date _____