



June's Senior Cat Rescue

Help Meowt Application

In certain cases, we help cat owners cover a portion of the cost of veterinary care they would otherwise be unable to afford. The goals of Help Meowt are to help cats stay healthy without leaving their loving homes and to provide spay/neuter and veterinary care for community cats.

Please note: Although we assist as many cats and cat owners as we can, submission of this form does not guarantee you will receive assistance through the Help Meowt program. Additionally, we provide any financial assistance directly to the veterinary office that provides the services.

Instructions

Please respond to the following questions with as much detail as possible. Send us the completed form along with a photo of the cat(s), if you have one, at info@junesseniorcatrescue.org or P.O. Box 16521, Albuquerque, NM 87191.

Level of care needed

Please select the option that best describes your cat's current medical care needs.

- The cat is currently hospitalized or requires hospitalization or other emergency care.
- The cat needs urgent medical care but does not require hospitalization.
- My cat needs routine care to ensure continued quality of life.
- I have serious concerns about the cat's health but am not sure yet what type of care they need.

Contact information

Your first and last name:

Phone number with area code:

Email address:

Home address, including city, state, and zip code:

Tell us about your cat(s)

If you're requesting assistance for more than one cat, please answer every question in this section for each cat.

Cat name(s):

Color:

Fur length:

- Long-haired
- Short-haired

Age:

Sex:

- Male
- Female
- Unknown

Is the cat spayed/neutered?

- Yes
- No
- Unknown

Is the cat indoor, outdoor, or a mix of both?

- Indoor-only
- Outdoor-only
- Indoor and outdoor
- Unknown

Tell us about your situation

Please describe the health issues the cat is experiencing. If your cat has any other medical issues, list them here. Please also explain your reason for requesting assistance (for example, difficulty paying vet bills due to living on a fixed income).

Has a veterinarian seen the cat for these health concerns?

- Yes, and the cat is currently hospitalized.
- Yes. The cat is not currently hospitalized.
- No.

If yes, did the vet provide you with a cost estimate for the care your cat needs?

- Yes **(Please provide a copy of the estimate with this application.)**
- No
- Not applicable

Is there a specific timeframe when the cat needs to receive veterinary care for the issues described above?

Is there anything else you'd like us to know about the cat or the situation?

JSCR use only. Please do not fill out this section.

Outcome of request:

- Approved
- Denied

If applicable, describe the reason for denial.

Will JSCR provide future assistance for this applicant?

- Yes
- No

If not, list the reason.

Date of veterinary care:

Cost of care:

Veterinary visit or visits completed?

Yes

No

If not, provide an explanation.

Internal notes: