



## Senior Pet Assistance Program Application Disclaimer

I hereby certify that the information given by me in this application is true and accurate to the best of my knowledge. I further acknowledge that if any information is falsified, this will be grounds for my application not being accepted.

I hereby authorize release of any records and other information relating to the medical condition of my pet. This includes vet records and references by others familiar with my pet's care and medical condition.

I agree that any payment provided by Second Chances Animal Rescue Inc. will be paid directly to a veterinarian clinic/hospital or directly to the company providing medication and that no funds will be provided to me personally.

Date: \_\_\_\_\_

Owner signature: \_\_\_\_\_

Co-Owner signature: \_\_\_\_\_

Second Chances Animal Rescue Inc.

Application reviewed by: \_\_\_\_\_

Signature: \_\_\_\_\_