



Ontonagon County Animal Protection (OCAP)
19504 State Hwy M38 / PO Box 315
Ontonagon MI 49953
(906) 884-2500

APPLICATION FOR VETERINARY CARE FINANCIAL ASSISTANCE

(Please print clearly)

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State, Zip _____ Email: _____

Driver's License Number _____ State _____

List animal(s) to be treated by species, name, age, gender (please indicate if altered) and brief physical description (size (weight) short hair/long hair, color, etc).

What veterinary care is needed? _____

Note: If animal is not current on inoculations or worming, these may be performed at the advice of the attending veterinarian. OCAP will expect regular payments on a weekly, biweekly or monthly basis, and must be paid in full with 6 months unless otherwise agreed to.

Signature _____ Date _____