

Santa Barbara County Animal Disaster Relief Fund



The Santa Barbara County Animal Care Foundation is asking for your assistance to help the smallest resident victims of qualifying Santa Barbara County disasters.

In the past, dozens of four legged companion animals were severely affected by our county's disastrous fires. With their pets injured and/or burned, the families of these innocent animals found themselves facing immense hardships before they were reunited with their pets. Due to the damage of homes, belongings, displacement, and the health concerns of human family members, many families struggled to find sufficient funding to cover the high cost for the health care of their beloved pets. This problem turned to a solution when the Santa Barbara County Animal Care opened the Animal Disaster Relief Fund. Donations are restricted to this fund and can only be accessed to qualified families during the time of a local disaster. The circumstances that mirror these stories can happen to anyone, and it warms the heart to know that perfect strangers care and reach out to provide a ray of sunlight amongst the pain and ruin of a disaster.

By making a donation to our Animal Disaster Relief Fund you can make a difference in the life of the smallest, innocent victims of local emergencies, and relieve the stress level of an affected family. Qualifying families can submit an application for assistance, once approved payment is made directly to the local veterinarian or in special cases reimbursement can be made to an individual that has supplied the proper proof of payment with validation from the veterinary office.

Thank you for supporting the Santa Barbara County Animal Care Foundation's Animal Disaster Relief Fund. We accept cash, check or credit card (Visa/MC) payments.

Make checks payable to:

SBCACF

Please note Animal Disaster Relief Fund with your donation

Mail to:

P.O. Box 86

Goleta, CA. 93116

~or~

Drop off at your local County Animal Services Shelter

Santa Maria Animal Center

548 W. Foster Road

Santa Maria Phone: 934-6119

Mon - Fri 9 a.m. to 4:45 p.m., Sat 10 a.m. to 4 p.m.

Lompoc Animal Shelter

1501 West Central Avenue

Lompoc Phone: 737-7755

Mon - Fri 9 a.m.- 12:30 p.m. & 1:30 p.m.- 4:45 p.m., Sat 10a.m. to 4 p.m.

Santa Barbara Animal Shelter

5473 Overpass Road

Goleta Phone: 681-5285

Mon - Fri 9 a.m. to 4:45 p.m., Sat 10 a.m. to 4 p.m.

The Santa Barbara County Animal Care Foundation is a member of S.B.C.A.R.E.S.

Santa Barbara County Animal Disaster Relief Fund Donation Form

Mail to :
P.O. Box 86
Goleta, CA. 93116

Donor's Name: _____

Address: _____

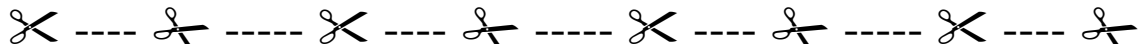
Phone #: _____ E-mail: _____

Amount enclosed: \$ _____ Method: Cash Check

Credit Card payments only: Visa Mastercard

_____	_____	_____
Name as it appears on credit card	Credit Card number	
_____	_____	\$ _____
Expiration Date	Today's Date	Charge Amount

Signature



Keep for your records

Santa Barbara County Animal Care Foundation
Animal Disaster Relief Fund
Donation Receipt

_____	_____	_____
Donor's Name	Address	Donation

Santa Barbara County Animal Care Foundation, Inc.
P.O. Box 86
Goleta, CA. 93116
Tax ID # 68-0498950

Santa Barbara County Animal Care Foundation, Inc.
Animal Disaster Relief Fund Application
**Medical Funding Request for Santa Barbara County Disaster-
Companion Animal**

Fill out one form per animal
P.O. Box 86, Goleta, CA. 93116 Voicemail: 805-260-2386

Your Name: _____ Date _____

Home Address: _____ City/ZIP _____

Temporary Address: _____ City/ZIP _____

E-mail Address _____

Phone # _____ Cell Phone # _____

Amount of Current Vet Bill _____ Amount of Funding Requested: _____

A) Have you received any other financial support? Yes / No

B) Have you applied for other financial support? Yes / No

If you answered yes to item A or B, please explain and include the amount received or requested and from whom.

Veterinarian Info:

Office Name: _____

Vet's Name: _____

Address: _____

City/ZIP _____ Phone # _____

Pet Info:

Name of Animal _____ Type of Animal _____

Breed _____ Age _____ Sex: Male / Female Spayed or Neutered? Yes / No

Describe Injury _____

Share with us what you love most about your pet: _____

Tell us about how your pet was injured: _____

I, _____ (“Declarant”), am a resident of _____ County, and I do hereby certify, swear or affirm, and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge (Insert facts):

I also understand and agree that the Santa Barbara County Animal Care Foundation, Inc. may subsequently use for publication and/or promotional purpose my pet’s name, story, and photograph, without obligation or liability to me.

Signature Date