



Mary Hooper ELder Pet Care (HELP) Program

Application for Services



Our pets are “members of the family”. For seniors, the companionship of a pet can be even more significant. We recognize the benefits of having a pet, as well as the challenges of pet care - especially as we age. The Cohasset Social Services League, in partnership with the Scituate Animal Shelter, can HELP. This program is for residents of Cohasset, Hingham, Hull, Norwell and Scituate, 65 years of age and older, who are enrolled in one of the qualifying programs listed below. The program is designed to provide assistance to qualified individuals* so they may keep and properly care for their beloved animals; free services may include annual veterinary checkups and vaccines, spay/neuter, pet food pantry, health-related pet grooming, pet taxi transport of pets to and from the vet, pet sitting for seniors who need to be away for health reasons, dog walking, and senior pet adoption.

To be considered for participation in the HELP Program, please complete the following:

1. Services - please check services that are of interest to you

- | | |
|---|--|
| <input type="checkbox"/> Annual veterinarian pet checkup and vaccines | <input type="checkbox"/> Pet food pantry |
| <input type="checkbox"/> Pet spay/neuter | <input type="checkbox"/> Pet grooming (for pet health reasons) |
| <input type="checkbox"/> Adoption of a senior pet | <input type="checkbox"/> Pet Taxi transport of your pet to vet |
| <input type="checkbox"/> Dog walking | <input type="checkbox"/> Pet sitting (if you need to be away) |

2. General Information - please complete

Name	
Street Address	
Town/Zip	
Phone Number	
Email	
Pet Dog Info	Name: Breed: Age: Spayed/Neutered? <input type="checkbox"/>
Pet Cat Info	Name: Breed: Age: Spayed/Neutered? <input type="checkbox"/>
Veterinarian	Name:
	Office/Address:
	Phone:
No vet...	<input type="checkbox"/> I do not currently have a veterinarian

Secondary Contact Information : Please Identify the person(s) who would have access to your residence to care for your pet in case you were unable:

Name:	
Address:	
City, State, Zip:	
Phone:	Email:

3. *Qualifying Information

This pilot program is for senior residents of Scituate Cohasset, Hull, Hingham, and Norwell who are enrolled in one or more of the following programs (please check all that apply to you):

- South Shore Elder Services
- Old Colony Elder Services
- Meals on Wheels
- Senior Housing
- MassHealth (Medicaid)
- Fuel Assistance
- I am not enrolled in any of the programs listed but need assistance in caring for my pet because of (please check all that apply):
 - Unanticipated financial hardship
 - Disability
 - High unreimbursed (human) healthcare costs due to chronic illness
 - Other (please provide a detailed explanation below)

RELEASE OF ALL CLAIMS AND COVENANT NOT TO SUE

For Good and Valuable Consideration, The Social Service League of Cohasset, in partnership with The Scituate Animal Shelter, acting through The Mary Hooper Elder Pet Care (HELP) Program, of 780 Chief Justice Cushing Highway, Scituate, Massachusetts and the participating Party(ies) of the HELP program, I, being of lawful age hereby release, discharge and by this release for myself, my heirs, executors, administrators and assigns, release and forever discharge The Social Service League of Cohasset, in partnership with The Scituate Animal Shelter, acting through The Mary Hooper Elder Pet Care (HELP) Program, and its servants, agents, employees, and affiliates of and from any and all actions, causes of action, claims or demands for damages, costs, loss of use, loss of services, expenses, compensation, consequential damage, including but not limited to annual pet check-ups and vaccines, pet food pantry, pet spaying/neutering and pet grooming, or any other thing whatsoever that The participating Party(ies) has on account of, or in any way arising out of, any and all known and unknown personal injuries, death, property damage, and all other damages resulting or to result from the adoption of said animal from the date of participation. It is intended that this release shall operate between The Participating Party(ies), their heirs, Executors, Administrators and assigns, and The Social Service League of Cohasset, in partnership with The Scituate Animal Shelter, acting through The Mary Hooper Elder Pet Care (HELP) Program and its servants, agents, employees, and affiliates.

No promise or inducement which is not herein expressed has been made to me, and in executing this release I do not rely upon any statement or representation made by any person, firm, corporation, or other entity, hereby released, or any agent, physician, doctor or any other person representing them or any of them, concerning the nature, extent or duration of said damages or losses or the legal liability therefore, The Participating Party(ies) in consideration hereof, promise not to sue The Social Service League of Cohasset, in partnership with The Scituate Animal Shelter, acting through The Mary Hooper Elder Pet Care (HELP) Program and its servants, agents, employees, and affiliates, for any damages whatsoever in connection with the adoption of said animal.

I further state that I have carefully read the foregoing release and know the contents thereof, and I sign the same as my own free act.

CAUTION: READ BEFORE SIGNING

The Social Services League of Cohasset, In Partnership With The Scituate Animal Shelter, acting through The Mary Hooper Elder Pet Care (HELP) Program, by

Applicant Signature

Please print your name here

Date

Please submit your completed form to:

HELP Program
Scituate Animal Shelter
780 Chief Justice Cushing Hwy
Scituate, MA 02066

Upon receipt of your application, a HELP volunteer will be in touch with you. For further information, call 781-561-7994. All applications will be reviewed in a timely manner and are strictly confidential.