

## **James P. O'Hearn Memorial Fund**

This fund is named in memory of James O'Hearn. As a boy and young man, James was always bringing home stray and wounded animals. In honor of that spirit, this fund has been set up to aid those individuals who take in animals in need. Grants are given to assist individual rescuers with medical care, spay or neuter, shelter or other such expense rising from the care of a stray or abandoned animal. Grants are one time only per person and limited to the documented cost(s) to care for the animal or \$300, whichever is least.

Applicants for this grant must complete the attached form outlining their expenses and provide documentation in the form of receipts, outstanding bills or professional estimates. The grant monies will be paid directly to the provider (veterinarian, etc) for those expenses pending or still outstanding. Monies will be paid to the rescuer only for costs already paid that are supported by a paid receipt. Expenses eligible include

- Veterinary costs, including emergency care, essential laboratory work and x-rays, essential medications, wound care supplies, and surgical costs.
- Spay or neuter costs in excess of SJAL rebate amounts
- Shelter costs including fencing, dog/cat house, crates and pet carriers
- Puppy or kitten pre-weaning supplies including bottles and formula

Expenses not eligible for grant reimbursement include

- Pet food. The only exception to this would be in the case of a special diet recommended by a veterinarian for a medical condition and for puppy or kitten formula.
- Essential supplies for pet care including collar/leash, bowls, and bedding.
- Vaccinations above the cost at SJAL vaccination clinic.
- Non-essential veterinary care.
- Grooming costs. Exceptions may include medical conditions, such as extreme matting of the coat requiring shaving the animal.

Applicants must be private individuals who adopt or foster stray, abandoned or feral animals. Rescue organizations or groups, formal or informal, are not eligible for grants except in special situations. Pets adopted from an animal shelter or pound and those bought or adopted from a pet store, breeder or private individual are not eligible for grants except in special circumstances. Approval of the full board of SJAL must be given for any exceptions to the above restrictions.

Applicants must agree to have the animal spayed/neutered as soon as possible if they are keeping the animal and to require the same of any new owner if they re-home. All successful applicants (or the new owners if re-homed) will be automatically eligible for SJAL spay/neuter rebate program.

# O'Hearn Fund Application

Name: \_\_\_\_\_  
Address (mailing): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Address (physical): \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

1. What animal is involved?
  - a. Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_
  - b. Male \_\_\_\_\_ Female \_\_\_\_\_
  - c. Approximate age \_\_\_\_\_
  
2. Where and how did you acquire the animal?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Was the animal a stray, abandoned, abused/neglected, feral, other? If other, please explain.  
\_\_\_\_\_  
\_\_\_\_\_
  
4. What are your plans for the animal?
  - a. Adopt \_\_\_\_\_ Re-home \_\_\_\_\_ Find a shelter \_\_\_\_\_
  
5. Where will the animal stay while with you (house, kennel, yard, other)?  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Do you have a fence of other confinement device for the animal?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
7. Is the animal spayed/neutered? Yes \_\_\_\_\_ No \_\_\_\_\_
  
8. Do you have other animals/pets? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, how many and what type.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Would you be willing to allow your story to be used for publicity or fund-raising for SJAL? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Please provide a description of the expenses you are requesting to have covered. Receipts, statements, estimates cancelled checks or other proof of expense will expedite your application. \_\_\_\_\_

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I affirm that I am acting as a private citizen and am not the agent of or affiliated with any rescue organization. I agree to apply all monies to the care of the above rescued animal. I further agree to spay or neuter the above animal at the earliest possible time.

Applicant signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Return application plus any receipts/account statements/estimates to  
San Juan Animal League  
PO Box 142  
Farmington, NM 87499