Dea. Phillip C. Johnson, Founder & President
Post Office Box 160772
Mobile, AL 36616
Telephone: (251) 300-5937

PHILLIP CARES
"Help Phillip To Care"

Program Intake Form

Entry Date: _____ / _____ / _____
Type of Intake: [ ] Domestic Violence/Sexual Assault
[ ] Pandemic/Natural Disaster

Name of Owner: _____
Case Number: _____
Age: _____
Sex: _____
Race: _____

Case Worker: _____

Name of Program: _____
Business Address: _____ Suite _____
City: _____ State: Alabama Zip Code: _____
Telephone: (_____) _____ - _____
Email: _____

Pet Name: _____
Type of Pet: [ ] Cat
[ ] Dog
[ ] Bird
[ ] Other
How long have you owned the pet: _____
What purpose are you planning to use the essentials for: [ ] Food
[ ] Toys
[ ] Veterinarian Services
[ ] Other

[ ] I acknowledge that Phillip Cares Essentials aid residents of domestic violence/sexual assault and pandemic/natural disaster who are enrolled in the programs in which we are partners with as they rebuild their lives in Alabama, with a priority for Mobile and Baldwin Counties. I acknowledge that PC Essentials is not intended for emergency, urgent, or next day appointments. I acknowledge that the program intake form must be given 24 to 48 hours after the entry date to Phillip Cares. I acknowledge that there may be a waiting list. I acknowledge that Phillip Cares reserves the right to determine if the program intake form is acceptable. I acknowledge that Phillip Care reserves the right to terminate an essential at any time if needed.

Website: https://www.phillipcares.org
Email: info@phillipcares.org