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4255 Route 50, Saratoga Springs, NY 12866 518.886.9645  
www.mohawkhumane.org

## Application for Veterinary Assistance Services

Name \_\_\_\_\_ Telephone (c) \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (h) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (w) \_\_\_\_\_  
Email \_\_\_\_\_

Gross Household Income \$ \_\_\_\_\_ per week/month/year # Adults: \_\_\_\_\_ # Children \_\_\_\_\_

Name and Phone # of current Veterinarian: \_\_\_\_\_

List household pets:

Name	Species (Dog, Cat, Rabbit)	Breed (for cats breed or DSH/DMH/DLH)	Sex	Age	Date of Distemper Vaccine	Date of Rabies Vaccine	Is this pet spayed/neutered?

Check any benefits currently received by members of your household:

SNAP \_\_\_\_\_ SSI/SSD \_\_\_\_\_ Medicaid \_\_\_\_\_ State Medical Assistance \_\_\_\_\_ State Temporary Assistance \_\_\_\_\_  
State Family Assistance \_\_\_\_\_ State Safety Net Assistance \_\_\_\_\_ Low Income Housing Assistance \_\_\_\_\_

- To qualify for the Veterinary program of the Mohawk Hudson Humane Society ("the Society"), you must provide proof of income and/or participation in the above assistance programs. Proof of income will consist of the two most recent pay stubs for all household wage earners or the most recent W-2 forms for all household wage earners.
- If the Society's veterinarian determines that your pet is not healthy enough for services, your appointment will be rescheduled.
- The Society may, in its sole discretion, approve or deny services. The Society may determine you are eligible for services provided by other agencies and will refer you to those agencies when appropriate.

***I certify all of the information I have provided is accurate. I understand that falsifying any information will exclude me from receiving services.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use:

CATS:  Feral  Low-Income  Benefits  Rescue  Non-Qual Approved By: \_\_\_\_\_

DOGS:  Low-Income  Benefits  Rescue  Non-Qual Date: \_\_\_\_\_