



Income-Qualified Veterinary Services Application

Name _____ Telephone (c) _____
 Address _____ Telephone (h) _____
 City _____ State _____ Zip _____ Email _____
 Gross Household Income \$ _____ per week/month/year # Adults: _____ # Children _____

List household pets:

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

- 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 statements, or the most recent W-2 forms, for all household wage earners.
- If our veterinarian determines that your pet is not healthy enough for services, or does not feel we can safely handle your pet due to behavior issues, we will cancel or reschedule your appointment.
- The Mohawk Hudson Humane Society has the sole discretion to approve or deny services for any pet for any reason.

I certify all of the information I have provided is accurate. I understand that falsifying any information will result in the cancellation of my appointment and denial from future services.

Signature

Date