**Date Completed:** Click or tap to enter a date.

**First and Last name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone number, home and mobile:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Additional POCs Name/phone number:**

1. Click or tap here to enter text.
2. Click or tap here to enter text.

**Pet’s Name:** Click or tap here to enter text.

**Pet DOB or Age:** Click or tap here to enter text.

**Pet Information:**

[ ] Male [ ] Female [ ] Neutered [ ] Spayed

**Breed:** Click or tap here to enter text.

**Temperament:** Choose an item.

**Previous Vet clinic:** Click or tap here to enter text.

**Answer the following questions about your hardship:**

**What is your annual income?** [ ]  $30K or less, [ ] $30-$70K, [ ] $70K and Greater

**Is social security your only source of income?** [ ] Yes [ ] No

**If NO, what are the other sources of income?** Click or tap here to enter text.

**Are you receiving Unemployment?** [ ] YES [ ] NO

**Are you able to participate in a payment plan?** [ ] YES [ ] NO

**Are you**: [ ] Disabled [ ] Disabled veteran [ ] Retired [ ] military/police [ ] First responder.

**Are you a Meals on Wheels participant?** [ ] YES [ ] NO

**Are you receiving benefits from any local or federal charities?** [ ] YES [ ]  NO

**If YES, which ones**: Click or tap here to enter text.

**In your words, why do you need financial assistance to pay for your pet’s appointment?** Click or tap here to enter text.

**I give permission to the Veterinary team to examine, prescribe for and treat my Pet.**

**Name Print:** Click or tap here to enter text.

**Signature:** Click or tap here to enter text.

**If submitting on-line: Your printed name is your signature:** [ ] Agree

**Date**: Click or tap to enter a date.