



APPLICATION FOR SERVICES
PHOTO ID AND PROOF OF INCOME ARE REQUIRED
All personal information is kept strictly confidential

NAME: _____ TODAY'S DATE: _____

ADDRESS (home address, not PO Box): _____

CITY: _____ STATE: _____ ZIP CODE: _____ County: _____

PHONE: _____ EMAIL: _____
(provide number you want us to use for appointment reminders)

LIST ALL PETS IN YOUR HOUSEHOLD

(If you have more than 5 please ask for another sheet.)

1) Name: _____ CAT or DOG MALE or FEMALE Spayed or Neutered? YES or NO

Breed: _____ Color: _____ Age: _____ Indoor/Outdoor/Both _____

2) Name: _____ CAT or DOG MALE or FEMALE Spayed or Neutered? YES or NO

Breed: _____ Color: _____ Age: _____ Indoor/Outdoor/Both _____

3) Name: _____ CAT or DOG MALE or FEMALE Spayed or Neutered? YES or NO

Breed: _____ Color: _____ Age: _____ Indoor/Outdoor/Both _____

4) Name: _____ CAT or DOG MALE or FEMALE Spayed or Neutered? YES or NO

Breed: _____ Color: _____ Age: _____ Indoor/Outdoor/Both _____

5) Name: _____ CAT or DOG MALE or FEMALE Spayed or Neutered? YES or NO

Breed: _____ Color: _____ Age: _____ Indoor/Outdoor/Both _____

OPTIONAL INFORMATION THAT WILL ASSIST US WITH PLANNING AND FUNDRAISING

Race/ethnicity: _____ Age: _____ Do you rent or own? _____

Are you unemployed? _____ If yes, for how long? _____ Are you on permanent disability? _____

How did you hear about Pets In Need? _____

INCOME VERIFICATION

Marital Status: Single _____ Married _____ Widowed _____ Divorced _____

Number of Dependents (eligible to be claimed on a federal tax form): _____

Check all sources of income that apply to your household (documentation required to be submitted for review):

- Latest paycheck stub (must be within one month of today's date and include YTD totals)
- Income tax return from last year
- SSI or SSDI benefits statement letter (dated within the past year & include dollar amount)
- Medicaid benefits letter, not the card (must be dated within the past year)
- Supplemental Nutrition Assistance Program (SNAP) benefits letter, not card (dated within past year)
- Unemployment or Workers Compensation statement (dated within one month of today's date)
- Evidence of loss of home or extraordinary circumstances (acceptable information at the discretion of Pets In Need)
- Other income (list) _____

TERMS AND CONDITIONS OF ENROLLMENT

- I understand Pets In Need does not allow for the addition of pets to my account. I agree to not acquire any additional pets while receiving services from Pets In Need. _____ (initials)
- I agree to have all pet(s) in my household spayed/neutered. _____ (initials)
- I will not rehome, surrender, or remove a pet from my household that has not been spayed/neutered. _____ (initials)
- I confirm that the income listed above is accurate and includes all sources of income for my household. I will notify Pets In Need if my income or eligibility for services changes. _____ (initials)
- I agree to have all pet(s) in my household seen by a Pets In Need veterinarian within 3 months of my enrollment date or I will provide Pets In Need medical records verifying that my pet(s) is up-to-date on required vaccinations and spayed/neutered. _____ (initials)
- The pet(s) listed on my application are all the pets in my household. They are for personal companionship and not for breeding, profit or sport. I will maintain safe and healthy living conditions for all animals in my care. _____ (initials)
- Enrollment is on a 1 year renewable basis. Enrollment may be cancelled at the discretion of Pets In Need. _____ (initials)
- Re-enrollment is subject to the same requirements as original enrollment. _____ (initials)
- I agree that Pets In Need may use my and/or my pet(s) image(s) in promotional materials. _____ (initials)
- I agree to hold "Pets In Need of Greater Cincinnati, Inc." and its affiliates and subsidiaries, and their respective employees, volunteers, officers, directors, members, agents and suppliers free and harmless from all claims, injuries, losses, expenses and liabilities including, without limitation, those arising out of any allergies or other possible health issues related to services, medication or food provided. _____ (initials)

ACKNOWLEDGEMENT AND AGREEMENT WITH THE TERMS AND CONDITIONS OF ENROLLMENT

I acknowledge that I have read and understand the above terms and conditions of enrollment. I further recognize that failure to comply with any of the above terms and conditions will immediately terminate my eligibility for services.

Signature: _____ DATE: _____

For Staff Use Only:

List the exact documents presented by applicant to prove income qualification (include income amounts):

APPROVED BY: _____ Date: _____