



APPLICATION FOR ENROLLMENT

EMAIL TO PINAPPS520@GMAIL.COM (PDFs ONLY – NO PHOTOS) | FAX TO (513) 761-1867
MAIL TO/ SUBMIT IN PERSON AT 520 W. WYOMING AVE, CINCINNATI, OH 45215

CHECK ONE: FIRST TIME ENROLLMENT _____ RE-ENROLLMENT _____

DATE _____ FIRST NAME _____ LAST NAME _____

CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

BEST WAY FOR US TO CONTACT YOU? Text message _____ Email _____ Voicemail _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

ABOUT YOUR HOUSEHOLD

Number of adults, including you _____ Number of dogs _____

Number of children under 18 _____ Number of cats _____

ABOUT THE PETS YOU ARE ENROLLING

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

Breed: _____ Color: _____ Date of Birth: _____ Age: _____

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

Breed: _____ Color: _____ Date of Birth: _____ Age: _____

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

Breed: _____ Color: _____ Date of Birth: _____ Age: _____

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

Breed: _____ Color: _____ Date of Birth: _____ Age: _____

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

Breed: _____ Color: _____ Date of Birth: _____ Age: _____

LIST THE TOTAL MONTHLY INCOME RECEIVED BY ALL ADULT MEMBERS OF YOUR HOUSEHOLD

Employment (W-2)	\$ _____	Retirement/Pension	\$ _____	Housing Assistance	\$ _____
Self Employment (1099)	\$ _____	Disability/SSI/SSDI	\$ _____		\$ _____
Unemployment	\$ _____	SNAP (Food stamps)	\$ _____		\$ _____
Social Security	\$ _____	WIC	\$ _____		\$ _____

Enrollment is limited to pet families whose total annual income from all sources does not exceed these limits. My household income is within these limits and I agree to provide proof upon request. **Initials** _____

Household Size	Household Income
1	\$29,160
2	\$39,440
3	\$49,720
4	\$60,000

(For each additional person add \$10,280)

TERMS AND CONDITIONS

ENROLLED PETS MUST BE SPAYED/NEUTERED WITHIN THE EARLIER OF 6 MONTHS FROM TODAY'S DATE OR 2 MONTHS OF THE PET'S FIRST APPOINTMENT. FINANCIAL ASSISTANCE IS AVAILABLE.

Failure to comply will disqualify you from receiving clinic services for any of your pets. **Initials** _____

I understand that Pets In Need exists to help pet owners keep and care for the pets they already have. **I will not acquire additional pets.** **Initials** _____

Missed appointments or appointments canceled with less than 24 hours' notice are subject to a fee. **Initials** _____

I understand that enrollment is good for one year and I must re-enroll annually. **Initials** _____

I agree to hold Pets In Need of Greater Cincinnati, Inc. and its employees, volunteers, officers, directors, 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.

Client signature: _____ **DATE:** _____

THE FOLLOWING QUESTIONS ARE OPTIONAL . RESPONSES ARE USED FOR PLANNING PURPOSES ONLY AND ARE CONFIDENTIAL.	
ABOUT YOU	
Your age: _____ Your marital status: Single _____ Married _____ Divorced _____ Widowed _____	
Your race/ethnicity: White _____ African American _____ Latino/Hispanic _____ Asian _____ Other _____	
ABOUT WHERE YOU LIVE	
House _____ Apartment _____ Rent _____ Own _____ Live with parents _____ Live with adult children _____	
HOW DID YOU HEAR ABOUT US?	
Google/internet search _____ Family/friend _____ Current/former Pets In Need client _____	
SPCA Cincinnati _____ Cincinnati Animal CARE _____ Other shelter/rescue group _____	