



**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: \_\_\_\_\_

**LIST ALL PETS IN YOUR HOUSEHOLD** (If you have more than 5 please ask for another sheet)

Have you or any of your pets been to Pets In Need in the past: YES or NO

- 1) Name: \_\_\_\_\_ CAT or DOG MALE or FEMALE Spayed or Neutered? YES or NO  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ CAT or DOG MALE or FEMALE Spayed or Neutered? YES or NO  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ CAT or DOG MALE or FEMALE Spayed or Neutered? YES or NO  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_
- 4) Name: \_\_\_\_\_ CAT or DOG MALE or FEMALE Spayed or Neutered? YES or NO  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_
- 5) Name: \_\_\_\_\_ CAT or DOG MALE or FEMALE Spayed or Neutered? YES or NO  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

**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: \_\_\_\_\_

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### For Staff Use Only:

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

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Account number on application? \_\_\_\_\_ Enrollment Code on account? \_\_\_\_\_ (PF011/PF022 in-house PF022/PF023 mobile)

Enrollment card made? \_\_\_\_\_ If NO please note client warning with initial and date.

Remote enrollment? Y/N \_\_\_\_\_ Client contacted Y/N date \_\_\_\_\_ Note made on client notepad \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS INFORMATION IS USED FOR PLANNING AND FUNDRAISING PURPOSES ONLY  
ALL RESPONSES ARE CONFIDENTIAL**

**Education / Employment Status / Military Service – check all that apply**

	Self	Spouse
High school graduate		
Some college		
Associate's degree		
Bachelor's degree		
Masters or advanced degree		
Veteran		
Employed		
Unemployed – not looking for a job		
Unemployed - looking for a job		
Fixed income – Social Security		
Fixed Income – Disability		

**About You and Your Household**

Number of adults in your home, including you: ____	Your age: ____ / Spouse's age (if applicable): ____ Marital status: single __ married __ widowed __ divorced __
Number of children (under 18) in your home: ____	Number of cats: ____ / Number of dogs: ____ Are all your pets spayed/neutered: yes or no
Your address: County _____ / State _____ / Zip _____	
<input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parents	
Race:	
<input type="checkbox"/> Black or African American alone	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White alone	<input type="checkbox"/> Asian alone
<input type="checkbox"/> Two or more races	<input type="checkbox"/> Other _____

**How Did You Hear About Pets In Need?**

<input type="checkbox"/> Current Pets In Need client	<input type="checkbox"/> TV or newspaper
<input type="checkbox"/> Friend/family	<input type="checkbox"/> SPCA Cincinnati
<input type="checkbox"/> Google	<input type="checkbox"/> Other shelter or rescue group Veterinarian
<input type="checkbox"/> Facebook	<input type="checkbox"/> Church or community organization
<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Other _____