



## Senior Pet Assistance Program – Application

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Housing: Rent \_\_\_ Own \_\_\_ House \_\_\_ Apartment \_\_\_

Number of people living in household: \_\_\_\_\_

Length of Residency: \_\_\_\_\_

Monthly rent or mortgage payment amount \$ \_\_\_\_\_

### Pet's Information

Name of Dog or Cat: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Spayed/Neutered: Yes \_\_\_ No \_\_\_

How long have you had your pet? \_\_\_\_\_

Name of Veterinarian and Clinic/Hospital: \_\_\_\_\_

\_\_\_\_\_

How long has your pet been a patient at the above? \_\_\_\_\_

Nature of illness: \_\_\_\_\_

\_\_\_\_\_

### Financial Information

Total Household Income: \$ \_\_\_\_\_

Source of Income: \_\_\_\_\_

Do you have other sources of income? Yes \_\_\_ No \_\_\_

If Yes, please provide sources and amounts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attached/enclosed, income verification?? Yes \_\_\_ No \_\_\_