

Friends for Life Animal Rescue – Low Income Services Program Application: One animal per form

Applicant Name: _____

Name of Animal: _____

Address: _____

Dog / Cat: _____

City, State, Zip: _____

Male / Female: _____

Primary Phone #: _____

Breed: _____

Number of Adults in the household: _____

Age: _____ Color: _____

Email Address: _____

If any information provided is found to be false or intentionally withheld, Friends for Life has the right to void any vouchers, or I will be responsible for reimbursement to Friends for Life for any vouchers redeemed. Initials _____

I request services to be provided to my pet through the Friends for Life Animal Rescue Spay/Neuter Program. I certify that I qualify for this program as my total annual household income is less than \$75,000 per year and acknowledge donation requirements depending on total HH income. If I do not qualify for this program, Friends for Life Animal Rescue will return my donation to me.

APPLICANT – PLEASE CHECK APPROPRIATE LINES FOR PROOF OF QUALIFICATION AND SERVICES REQUESTED:

Proof of Qualification (must provide one):

Services Requested (check all that apply):

_____ Copy of paycheck stub, unemployment

___ Spay/Neuter voucher/cert (**\$15 donation under \$50K income**)

Copy of last year’s W2, tax return

___ Spay/Neuter voucher/cert (**\$40 donation \$50-75K income**)

***Proof of Income must be provided for all adults in the household**

___ DHPP vaccine (**no donation needed**, Dogs Only)

___ DHPP BOOSTER vaccine (**no donation needed**, Dogs Only)

___ Microchip (**\$10 donation**)

For Spay/Neuter certificate, I agree to a donation of \$15.00 or \$40.00 (based on income) to Friends for Life Animal Rescue in return for the services provided for my pet. I agree that the spay/neuter voucher is available for a maximum of two pets per household per year, and that I am not planning to re-home the above reference animal. I authorize the performance of the sterilization procedures for the above named animal and I understand there is a risk of unforeseen complications. I authorize the use of anesthetics as may be deemed advisable and surgical or therapeutic procedures as may be determined necessary. I understand that the sterilization procedure cannot be performed on this animal without some vaccinations; I agree that I am responsible for the cost of such vaccinations.

For a DHPP vaccine/booster certificate, There is no donation needed in return for the services provided for my pet. I understand this only covers a DHPP vaccine and that I shall be responsible for the cost of any other required vaccinations (eg Rabies vaccine, as required by law). I authorize the vaccination of the above named animal in accordance with the needs of the animal as determined by the attending veterinarian.

For a microchip certificate, I agree to a donation of \$10.00 to Friends for Life Animal Rescue in return for services provided for my pet. I understand this does not cover vaccination charges and that I shall be responsible for the cost of any required vaccinations. I declare that I am the owner of the above named animal or I am responsible for it and have the authority to execute this agreement.

I agree to indemnify and hold harmless the veterinarian and Friends for Life Animal Rescue from and against any and all liability arising out of the performance of any of the procedures referenced above.

Agreed and acknowledged this _____ day of _____, 20____.

Applicant’s Signature: _____

Completed applications can be brought to the shelter or emailed to: sheltermanager@azfriends.org

For Office Use Only

Payment Method _____ in the amount of \$ _____ as a suggested donation

Certificate No. _____ issued on _____ (date). Expiry: _____ (date)