

**Friends for Life Animal Rescue – Low Income Services Program Application**

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

Name of Animal: \_\_\_\_\_

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

Dog / Cat: \_\_\_\_\_

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

Male / Female: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Work or Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_

Number of Adults in the household: \_\_\_\_\_

I request services to be provided to my pet through the Friends for Life Animal Rescue Spay / Neuter Program supported by donations. I certify that I qualify for this program as my total annual household income is less than \$50,000 per year. If I do not qualify for this Low Income 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
- \_\_\_\_\_ Copy of last year's W2, or other income verification

- \_\_\_\_\_ Spay/Neuter voucher/certificate (\$15 donation)
- \_\_\_\_\_ DHPP vaccine (no donation needed, Dogs Only)
- \_\_\_\_\_ DHPP BOOSTER vaccine (no donation needed, Dogs Only)
- \_\_\_\_\_ Microchip (\$10 donation)

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

**For Spay/Neuter certificate**, I agree to a donation of \$15.00 payable to Friends for Life Animal Rescue in return for the 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.

**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).

**For a microchip certificate**, I agree to a donation of \$10.00 payable to Friends for Life Animal Rescue in return for the 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 that the spay/neuter voucher is available for a maximum of two pets per household per year. 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 authorize the vaccination of the above named animal in accordance with the needs of the animal as determined by the attending veterinarian. 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.

**If any information provided is found to be false or intentionally withheld, Friends for Life has the right to void any vouchers.**

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

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**For Office Use Only**

Received Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ as a suggested donation

Certificate No. \_\_\_\_\_ issued on \_\_\_\_\_ (date). Expiry: \_\_\_\_\_ (date)