

Rochester Hope for Pets Application for Financial Assistance



1. Personal Information: *Please provide the following information on you and your pet.*

Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Number of adults in household _____ Number of dependent children _____ Number of pets _____
Total family income per month _____

Low-Income Eligibility -- Please indicate with a checkmark if you are a recipient of any of the following:

- New York State Temporary Assistance
- Medicaid
- Unemployment Benefits
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Supplemental Nutritional Assistance Program (SNAP, formerly known as Food Stamps)
- Home Energy Assistance Program (HEAP)

Pet Information:

Description of pet: Name _____ Dog _____ Cat _____ Other (type) _____
Age _____ Sex: Male _____ Female _____ Spayed or Neutered? (circle): Yes / No

How and when did you acquire this pet? _____

Do you own the animal? (circle): Yes / No Date of last rabies vaccine: _____

2. Nature of Care: *Please describe the nature of care your pet require and any qualifying life event that has affected your ability to cover the full cost of care.*

3. Estimate: *Please attach an official estimate from your veterinarian regarding the cost of your pet's required care.*

Where did you obtain the quote from? _____ Total anticipated fee: _____

Amount requested: _____ Portion you intend to contribute: _____

4. Signature: *Please sign and date this application and mail both application and estimate to:*

Rochester Hope for Pets, 2816 Monroe Ave, Rochester, NY 14618, or fax to: (585) 271-7815

I, the undersigned, have accurately completed this application and understand Rochester Hope for Pets has the right to accept or reject this application without recourse or reason. I understand that funds may not be available at the time of application. I also understand that I will be contacted if an award is to be granted.

I further certify that the information given above is true.

Signed _____

Date _____

For Internal completion only:

Date Received _____

Estimate Provided? Yes / No