



Rochester Hope for Pets

Please send signed/dated application and attached estimate to
Rochester Hope for Pets, 524 White Spruce Blvd. Rochester, NY 14623
or fax to **585-271-7815**

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

of adults in household _____ # of dependent children _____ # of pets _____

Total family income per month: \$ _____

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

- | | |
|--|--|
| <input type="checkbox"/> New York State Temporary Assistance | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Home Energy Assistance Program (HEAP) |
| <input type="checkbox"/> Supplemental Nutritional Assistance Program (SNAP, formerly known as Food Stamps) | |

Pet Information:

Name: _____ Dog Cat Other (type) _____

Age: _____ Male Female Spayed/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: _____

Please describe the nature of care your pet requires and any qualifying life event that has affected your ability to cover the full cost of care:

Please attach an estimate from your veterinarian regarding the cost of your pet's care:

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

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: _____