



# Pulaski County Humane Society



## AID APPLICATION

Date \_\_\_\_\_

Your Name \_\_\_\_\_

Street Address \_\_\_\_\_  
Last First Middle (Maiden) Apt # City

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Birthdate \_\_/\_\_/\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name(s) of Other Income Provider(s) in Home \_\_\_\_\_

Do you \_\_\_ RENT or \_\_\_ OWN?

Do you live in a \_\_\_ HOUSE \_\_\_ APARTMENT \_\_\_ TOWNHOME \_\_\_ MOBILE HOME or \_\_\_ OTHER: \_\_\_\_\_ ?

12 Digit Food Lion MVP Card Number\* \_\_\_\_\_

*\*Your card #, name, address, & phone will be entered quarterly on the Food Lion website to get FREE \$ to help our group*

### PET INFORMATION

TOTAL Number of Pets in Your Household \_\_\_\_\_

Please provide the following Information ONLY for pet(s) that need our services:

CAT1 Name _____ Sex ____	CAT2 Name _____ Sex ____	CAT3 Name _____ Sex ____
DOG1 Name _____ Sex ____ Weight ____	DOG2 Name _____ Sex ____ Weight ____	

Has the pet(s) in need of services ever had shots or other vet treatment? \_\_\_\_\_

If yes, Name of Vet \_\_\_\_\_ City/State \_\_\_\_\_

Please list the Vet Services you currently need: \_\_\_\_\_

Have you or anyone in your home ever received assistance from us before? \_\_\_\_\_

If yes, please list the name of the pets treated, the vet seen, and the services we provided: \_\_\_\_\_

### HOUSEHOLD INCOME

Applicant's Employment:

\_\_\_\_\_  
Company Name Title/Department \$ Gross Monthly Income

Employment of Spouse or Other Income Generator in Household:

\_\_\_\_\_  
Company Name Title/Department \$ Gross Monthly Income

Any other Monthly Income or Assistance?

*Includes government aid (SSI, Food stamps, Disability), child support/alimony, etc.* \$ \_\_\_\_\_

**PLEASE NOTE:** We may only offer a *portion* of the total amount of your vet bill.

**REQUIRED:** Most vet offices will require your pet's vaccinations (rabies, distemper, and possibly bordetella) be current at the time of receiving free services donated by the PCHS. Please talk to your vet office about the cost you must pay for vaccines and the best vaccination schedule for your pet. The PCHS does NOT cover any vaccination charges you may be required to receive before services can be rendered.

**I HEREBY GIVE THE PULASKI COUNTY HUMANE SOCIETY THE CONSENT AND AUTHORITY REQUIRED TO COMMUNICATE WITH ANY OTHER PERSONS OR PARTIES CONCERNING MY HISTORY FOR THE PURPOSE OF VERIFYING THE INFORMATION ON MY APPLICATION. IF APPROVED, VET SERVICES MUST BE BOOKED WITHIN 48 HOURS OR THE HUMANE SOCIETY HAS THE AUTHORITY TO DENY ALL FUTURE AID REQUESTS.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Please mail your completed application to P.O. Box 1046 Dublin, VA, email to pchsva@gmail.com, or bring it to our office at the shelter*

**ELECTRONIC SUBMISSION OF THIS APPLICATION WILL SERVE AS SIGNATURE**