



CARE Fund Companion Animal Relief Application

Name _____

Mailing Address _____ City _____ State _____ Zip _____

A copy of your driver's license is required upon submission of this application. If your driver's license does not reflect your current address, please provide a copy of a utility bill showing your name and the correct address.

People in your household? _____ Have you ever received CARE Fund Assistance? _____

When? _____

Primary Phone _____ 2nd Phone _____ Email _____

*** A copy of your ID is required.**

Pet Information

How many dogs/cats do you have? _____ dogs/ _____ cats

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

Name of Pet	Sex	Age	Up to Date on Rabies vaccine?	Approximate weight	Cat or Dog

Has the pet(s) in need of veterinary care ever had vaccines or other veterinary treatment? Yes / No (circle)

If yes, Name of Vet _____ City/State _____

Household Income

Are you participating in The Food Stamp Program, Medicaid, TANF, or SSI? Yes / No (circle)

Applicant's Employer: _____ Gross Monthly Income: \$ _____

Spouse's Employer: _____ Gross Monthly Income: \$ _____

Any other monthly income or assistance (Disability, child support/alimony, etc): \$ _____

**** Proof of income needed: copy of a paystub, letter of assistance, etc.****

Please note: The Roanoke Valley SPCA may offer only a portion of the total amount of your bill, depending on the amount of aid funds available in the CARE Fund and the services required. Funds will be paid directly to the veterinary clinic and will not exceed \$400.00. After CARE Fund assistance, you are responsible for the remainder of your bill.

Required: It is state law that your pet's rabies vaccination be current or updated at the time of receiving services.

I HEREBY GIVE THE ROANOKE VALLEY SPCA CONSENT TO COMMUNICATE WITH ANY OTHER PERSONS OR PARTIES CONCERNING MY HISTORY FOR THE PURPOSE OF VERIFYING THE INFORMATION ON MY APPLICATION. I CERTIFY THAT THE ABOVE NAMED ANIMALS ARE OWNED BY ME PERSONALLY. IF APPROVED, I WILL BE NOTIFIED OF THE AWARD AND THE ROANOKE VALLEY SPCA WILL WORK DIRECTLY WITH THE VETERINARY CLINIC TO DISCUSS PLAN OF TREATMENT AND MAKE PAYMENT ARRANGEMENTS FOR THE AMOUNT OF THE AWARD. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF ANY AMOUNT DUE TO THE VETERINARY CLINIC OVER AND ABOVE THE CARE FUND ASSISTANCE.

APPLICANT SIGNATURE _____ DATE: _____