



C.A.Re Fund Companion Animal Relief Application

Updated 4/23/2020

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.

Primary Phone _____ 2nd Phone _____

Email _____

People in your household? _____ Have you ever received CARE Fund Assistance? Yes / No
If yes, when? _____

Pet Information

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

Please provide the following information ONLY for your pet that needs our services:

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

Please give a brief description of your pets medical needs:

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): \$ _____

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 C.A.Re Fund and the amount of the veterinary services required. The maximum amount of funding offered through this fund will not exceed \$400.00 and will be paid directly to the veterinary clinic offering the service. You are responsible for a minimum of 10% of the overall bill. The amount you are responsible for over and above the C.A.Re Fund assistance will need to be arranged for with the veterinary office.

Required: It is state law that your pet's rabies vaccination be current or updated at the time of receiving services. The Roanoke Valley SPCA C.A.Re Fund may or may not include the cost of a rabies vaccine, depending on the amount awarded.

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: _____