



income-based discount program

PLEASE PRINT

RESPONSES MUST BE BASED UPON ACTIVE TAX STATUS OR GOVERNMENT AID STATUS

Head of Household (primary pet owner)			Date of Application	
Number of total dependents in home	Co-owners or dependents over 18 years authorized to provide pet care			
PROGRAM QUALIFICATIONS Please mark appropriate status Head of Household, making \$25,000 or less annually Head of Household with dependents, making \$42,000 or less annually Head of Household, receiving government financial assistance Senior Citizen 65 years or older Firefighter, Police, Active or Retired Military			PROOF OF QUALIFYING Government issued Photo ID And one of the following: W2, 1099, or completed tax statement (previous year) 4 consectutive pay stubs (for individuals only) Current letter of benefit for government assistance Public Service or Military Identification	
and most medica I understand that this discount on I I understand that	t upon being approved for this program, I will receive a 2 tions. Heartworm, flea, & tick prevention and prescription to only the co-owners and dependents over 18 yrs old lister my behalf. It this program cannot be combined with any other discost payment for services rendered must be made in full by	on diet ed on t unts o	s are excluded. his application will be approv r coupons.	ed to use
By signing this form, I upproval is not guarant	understand that approval will be based upon the current	t docur	nents I present as head of ho	usehold and that
Applicant's Signature				Pending