

THE HUMANESOCIETY OF GREATER KANSAS CITY

saving and improving lives since 1912



Charity Care Pet Program Financial Assistance Request

Date: _____ Interviewed by: _____

Name: _____ New client? _____

City/State: _____ Zip code: _____

Pet 1: _____ New patient? _____ CAT DOG

Reason for visit: _____

Pet 2: _____ New patient? _____ CAT DOG

Reason for visit: _____

Pet 3: _____ New patient? _____ CAT DOG

Reason for visit: _____

Annual household income: _____

Number of children in the household: _____ Adults _____

Unemployed? _____ Is there a working spouse? _____

On any kind of public assistance? _____ Must show proof of public assistance:

_____ Foodstamps _____
_____ Disability _____
_____ WIC _____
_____ Section 8 _____
_____ Social Security _____
_____ Other _____

I declare the above information to be true and accurate. I understand that if I qualify today for assistance under the Charity Care Pet Program that this is a one time subsidy for this current visit. Any future financial assistance will be determined at that time and is not guaranteed.

If I am receiving pet food assistance I understand that rations are limited to once a month and given at the discretion of the Humane Society while supplies last.

Client signature: _____

Date: _____ **Approved by:** _____