

ABOUT YOU

To prove financial need, you will need to show that you receive one or more of the following:

Medicaid

Family Independence Program (FIP)

Supplemental Security Income (SSI)

Food Assistance Program (FAP)

Women, Infant and Children (WIC) Program

State Disability Assistance (SDA)

Other: _____

Please check off any circumstances which may be applicable. Please provide proof of all that apply:

- a. I currently receive Social Security Disability (SSD).
- b. I have applied for SSD, but my application has been denied or is pending.
- c. I have been injured on the job and have been unable to return to work.
- d. I am a student.
- e. I was recently terminated from employment.
- f. The primary caregiver of this animal recently passed away, and I am now its caretaker.
- g. I have recently been diagnosed with a debilitating illness and am unable to work at my prior level of function.

If you have expenses or hardships which might aid in making a favorable application, please describe them fully on the back of this sheet. Do you have such hardships? Yes No

- I understand that Adopt-A-Pet is providing the spay/neuter and rabies vaccination ONLY. All additional medical care required for this pet including removal of sutures is the responsibility of the owner and is the owner's financial responsibility. AAP provides no post-operative care or treatment for patients beyond discharge from our facility and will not be financially responsible for any future medical expenses of the pet.
- I understand that there are risks involved in any surgical procedure. These risks have been explained to me and I give informed consent for my pet to undergo the spay/neuter procedure. I also understand that AAP is under no obligation to perform surgery on animals for whom the risk of anesthesia and surgery is deemed by the veterinarian to be unreasonable.
- Safe transport of pets into and out of the AAP facility is the responsibility of the pet owner. AAP can not be held accountable for animals escaping from the owner's possession during transport. All cats must be transported in carriers or live traps; all dogs must be in carriers or leashed.
- Animals deemed to be an endangerment to the staff and volunteers of AAP will not be considered for surgery.
- I affirm that all questions have been answered fully and truthfully. I also affirm that I am the legal owner of the pet being presented for surgery and that I am at least 18 years of age.
- I agree to waive and forever discharge Adopt-A-Pet, their officers, employees, agents, veterinarian(s) and volunteers from any and all present and future claims, causes of actions, demands, charges, complaints, liabilities or damages that may arise during or as a result of the anesthesia and/or surgical procedure or vaccination.

_____ I acknowledge that I have read and understand this agreement and sign willfully. I have also been provided a list of post-operative care instruction and a list of emergency veterinary clinics which I can contact in the event of any post-operative concern or complication.

_____ I agree to be available by telephone during the entire time my pet is in AAP's care. AAP will not perform surgery on animals when the owner cannot be reached by phone.

_____ I understand that Adopt-A-Pet provides this service willfully, and is not obligated to approve this application. Dogs over 50 lbs. may result in additional charges for surgery. These costs will be the responsibility of the pet owner.

Signature of Applicant

Date

AUTHORIZATION

_____ Denied _____ Approved, client to pay: _____

Signature of Manager

Date