



213 Tellico Ave. Athens, TN 37303  
(423) 453-5149

Application for Pet Assistance Program  
Sliding Scale Fee

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip : \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License # (or state ID): \_\_\_\_\_ State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Emergency Contact: (someone outside of your home) \_\_\_\_\_

Number of people living in household: \_\_\_\_\_ Please list each person's name and age

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Income: Wages: \_\_\_\_\_ Unemployment: \_\_\_\_\_ Social Security: \_\_\_\_\_

Disability: \_\_\_\_\_ Child Support: \_\_\_\_\_ Food Stamps: \_\_\_\_\_

Retirement: \_\_\_\_\_ Interest/Annuity Payments: \_\_\_\_\_ Spousal Support: \_\_\_\_\_

Cash Assistance: \_\_\_\_\_ Other \_\_\_\_\_ Previous Year Income Tax Gross Annual: \_\_\_\_\_

\*Proof of all documents for 1 month's income must be provided with your application. Discounts will not be applied without income proof.

I certify that all information is true to the best of my knowledge. I understand that Animal Aid has the right to refuse services at their discretion, regardless of financial need. I may be asked to seek veterinary care elsewhere if any discrepancies arise.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Application Reviewed by : \_\_\_\_\_ Date: \_\_\_\_\_

Application was: APPROVED / DENIED Class/Discount: \_\_\_\_\_ Gross Annual Income: \$ \_\_\_\_\_

Copies Attached? Y or N Food Pantry Card Give? : Y or N/A Copies Given: Y or N



213 Tellico Ave, Athens, TN 37303  
(423)453-5149 \* animalaidtn@gmail.com \* www.animalaidtn.com

### Pet Assistance Program Outline & Agreement

Welcome to the Pet Assistance Program (P.A.P.)! We are so glad to be able to offer this program to help out your furry family member. Please take a minute to review the program. If you have any questions, feel free to ask one of our staff members.

As a part of this program, you will receive most services at a discounted price. However, there are some items and services that we are unable to discount. There are also some items that are priced to be affordable to everyone and will not be further discounted, such as spay & neuter services.

These non-discounted items include, but are not limited to;

- Cremation Services
- Non-Prescription Shampoo or Body Spray
- Non-Prescription Ear Cleaners
- Nutritional Supplements                      • Compounded drugs
- Microchips    • Non-Prescription Foods
- Elective Procedures (such as feline declaws, pet euthanasia)
- Heartworm, flea and tick preventative

You must agree to the following conditions to participate in our assistance program:

**Please initial each line.**

- Your pets **must be spayed or neutered** within 6 months to receive benefits through our assistance program. \_\_\_\_\_ (initial) Please discuss a reasonable time line if 6 months isn't possible.
- To prevent abuse of the program, Animal Aid reserves the right to re-evaluate your income & eligibility status at their discretion. They may at this time change your status according to the guidelines or remove you from the program. \_\_\_\_\_(initial)
- If it comes to the attention of Animal Aid that you have not provided all required information, or the provided information is falsified, you will be removed from the program. \_\_\_\_\_(initial)
- An interview will be conducted by a member of the Animal Aid management team to verify and determine your eligibility for our program. \_\_\_\_\_(initial)
- You will acquire **NO** additional pets while on the program. \_\_\_\_\_(initial)
- You will prevent pregnancy/breeding of ALL your pets while on the program until ALL are neutered/spayed. \_\_\_\_\_(initial)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

