



Re-Homing due to Financial Hardship - Application for Low or No Cost Veterinary Fees & Services

Name:	For Grace Foundation Use Only
Address:	
City/State/Zip:	
Telephone: Day:	
Evening:	
Cell Phone:	Record Number:

I request that The Grace Foundation waive or reduce veterinary fees for services provided to me for the care of the following animals: (for additional animals, add to reverse side of this form or attach a separate sheet)

Type & name of animal	Description	Type of services

PERSONAL & FINANCIAL INFORMATION

I understand that I must provide proof of low income such as EBT card, SSI, WIC or even income tax statements to qualify for financial assistance for the services provided. I also understand that Social Security number information may be required to verify income and for qualification purposes. I understand that any misrepresentation of income will result in my being responsible for the full cost of all services rendered by The Grace Foundation. I declare under penalty of perjury under the laws of the State of California that the financial documents and information provided to The Grace Foundation to qualify for low or no cost veterinary care are true and correct.

Please complete all of the information below (PRINT CLEARLY)

Describe your financial situation, checking all applicable boxes:

- | | | | |
|-----------------------------------|--------------------------------------------------|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Rent | <input type="checkbox"/> Single income | <input type="checkbox"/> Double income |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Handicapped or disabled | <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Public assistance |

What is your estimated gross annual household income? (check only one box)

- | | | |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Less than \$30,000 | <input type="checkbox"/> \$45,000 to \$50,000 | <input type="checkbox"/> \$75,000 to \$90,000 |
| <input type="checkbox"/> \$30,000 to \$45,000 | <input type="checkbox"/> \$60,000 to \$75,000 | <input type="checkbox"/> Over \$90,000 |

Briefly describe your situation and why you are participating in this program:

I will not hold The Grace Foundation, this program, the veterinarian performing medical care or the attending farrier liable for any complications resulting from care provided to my animals or due to any pre-existing health problems of the animal.

Date:	
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(Type or print name above (must be 18 years or older to sign))	(Signature of applicant above)