



ARIZONA HUMANE SOCIETY

Veterinary Services Assistance Application

Thanks to the incredible generosity of our donors, we have special grants and gifts available that allow us to help you and your pet. The information we ask for below is used only to determine which of these grants or gifts may apply to you. Thank you so much for giving us this chance to assist you and your pet.

Name: _____

Address: _____

Phone Number: _____ Email: _____

What is your annual household income: _____ / Total Persons in Household: _____

Does anyone in your household have AHCCCS, Food Stamps, or Unemployment? Yes No

Is anyone in your household a veteran of the United States military? Yes No

Staff Member Verifying AHCCCS, FS, Unemployment, Income, or Veteran Status: _____

I hereby verify the above information is correct.

Client Signature

Date

Staff Signature

Date