P.O. Box 1176, Las Cruces, NM 88004

ANIMAL RELIEF FUND CLIENT FORM

Date: _____

Type of voucher being applied for (Mark all that apply): ☐ Medical Care ☐ Vaccination ☐ Medication

Veterinary Clinic to be used: _____

Actual Surgery or Procedure cost per estimate (If Available): _____

Pet Owner Name: _____ **Pet Owner Date of Birth:** _____

Phone: _____ **Email:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address (If Different): _____

City: _____ **State:** _____ **Zip Code:** _____

Number of people living in household: _____

Animal Name: _____ **Animal Type:** _____ **Animal Age:** _____

Issue animal is experiencing: _____

1. Qualifying Documents for Proof of Income

(Please attach at least one form of documentation OR your income tax return)

Food Stamps	Retirement Benefits	Pay Stub or W-2
Medicaid	SSI or SSDI Benefits	Bank Statement showing deposits
F/T Student Receiving Financial Aid	Unemployment Benefits	Federal Taxes

2. Proof of Residency

(Please attach at least one form of proof of physical address, P.O. Boxes not accepted)

Utility Bill (Water, Gas, Electric, Propane, Internet, Cable) Cell phone bills not accepted	Car Registration
Official Document	Property Tax Document

3. Please attach a photo of the pet(s) receiving assistance.

4. Copay ($50 per medical & medication). Vaccination vouchers issued at no cost.

WAIVER: I hereby certify that I qualify as low income by Federal Government standards, and need financial assistance to pay for the medical procedure or veterinarian care of my pet. I understand that there is a degree of risk in any surgery or procedures and that neither DACHS nor their participating veterinarians are liable for medical complications that occur from surgery. I understand that the name listed on the voucher MUST match the name on the account at my veterinary clinic in order for the voucher to be paid.

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_____ _____

Client Signature Date