



**DOÑA ANA COUNTY
HUMANE SOCIETY**
EST. 1988

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: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

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 | School Lunch Program |

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.

I, hereby grant permission to Doña Ana County Humane Society to reproduce any portion of photo images provided or taken during my participation in this program, for the purpose of self-use and self-promotion publications which can include but is not limited to, books, cards, calendars, invitations, brochures and websites without any more compensation or recognition given to me. Furthermore, I grant creative permission to alter the photograph(s). I do not grant permission to resale or use the photographs in a manner that would exploit or cause malicious representation toward me or my associates.

Client Signature

Date