



DOÑA ANA COUNTY
HUMANE SOCIETY
EST. 1958

P.O. Box 1176, Las Cruces NM 88004

ANIMAL RELIEF FUND CLIENT FORM

Date: _____

Veterinary Clinic to be used: _____

Actual Surgery Cost per veterinarian invoice or estimate (If Available): _____

Pet Owner Name: _____ Owner Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code (mandatory): _____

Phone: _____ Email: _____

Number of people living in household _____

Issue animal is experiencing: _____

Animal Name: _____ Dog Puppy Cat Kitten

List amount of client co-payment: _____ Voucher Number: _____ (office only)

Qualifying Documents For Low Income Clients
(please attach at least one form of documentation OR your income tax return)

Food Stamps	Retirement Benefits	Pay Stub
MEDICAID	SSI or SSD	School Lunch Program
F/T Student Receiving Financial Aid	Unemployment	Other

FOR OFFICE USE ONLY

Application POI Photo Co-Pay

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.

Client Signature Date Volunteer's Signature or Veterinarian Representative

AFFIDAVIT OF NO INCOME TAX RETURN: I hereby certify that I did not file a tax return in the most recent filing year.

Client Signature Date Volunteer's Signature or Veterinarian Representative