

SMV Healthy Pets Program Application

If you are a resident of Stone Mountain, own a dog or cat, and cannot afford to pay for annual vaccines, heartworm tests, or heartworm/flea prevention, you may qualify for assistance through the SMV Healthy Pets Program. If you are approved under this program, you will be responsible for 25% of the costs and AARF will cover 75% of the costs (maximum award is \$200 per pet and \$400 per household). AARF offers low-cost vaccine clinics, spay/neuter and dental clinics twice a month at our location. **Please only apply for SMV Healthy Pets Program if you cannot afford to pay for low-cost services yourself.**

Please note that this offer is good for Stone Mountain residents only. Proof of residency will be required. Completing an application does not guarantee a grant under the SMV HPP.

Please call 678-534-3483 or email susan@aarfatlanta.org to make an appointment to review your application. Please bring completed form and proof of residency to your appointment.

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Occupation: _____ Employer's name: _____

Please indicate the reason that you assistance (check all that apply - proof will be required):

- Food Stamps Medicaid
 Social Security SSI Disability
 Non-commissioned active military Military veterans
 Unemployment with verifiable unemployment status

Other financial hardship, please explain in detail _____

Are you the owner of the pet? Yes No

In no, please explain your relationship: _____

How much can you pay per pet? Reminder, you will be responsible for 25% of the costs, so your grant award will be based on what you can afford. _____

1. Pet #1 Name _____ Dog _____ Cat _____ Male _____ Female _____ Age: _____

Breed: _____ Color/Description: _____ Weight of pet: _____

2. Pet #2 Name _____ Dog _____ Cat _____ Male _____ Female _____ Age: _____

Breed: _____ Color/Description: _____ Weight of pet: _____

3. Pet #3 Name _____ Dog _____ Cat _____ Male _____ Female _____ Age: _____

Breed: _____ Color/Description: _____ Weight of pet: _____

Has your pet ever been to a vet? _____ If so, when? _____ What vet? _____

I hereby certify that the foregoing information is true and correct and that I have not omitted anything that would make my application false or misleading. I will not hold Atlanta Animal Rescue Friends, directors, officers, employees or volunteers liable for any complications arising from the vaccinations, tests, medications or medical procedures.

Your Signature _____ Date _____

(Must be 18 years or older to sign)