



*income-based discount program*

**PLEASE PRINT**

**RESPONSES MUST BE BASED UPON ACTIVE TAX STATUS**

\_\_\_\_\_  
Head of Household (primary pet owner)

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Number of total dependents in home

\_\_\_\_\_  
Co-owners or dependents over 18 years authorized to provide pet care

**PROGRAM QUALIFICATIONS**

*Please mark appropriate status*

- Head of Household, making \$25,000 or less annually
- Head of Household with dependents, making \$42,000 or less annually
- I understand that I must reapply for the PAW program annually.
- I understand that upon being approved for this program, I will receive a 25% discount off total amount of all services and most medications. Heartworm, flea, & tick prevention and prescription diets are excluded.
- I understand that only the co-owners and dependents over 18 yrs old listed on this application will be approved to use this discount on my behalf.
- I understand that this program cannot be combined with any other discounts or coupons.
- I understand that payment for services rendered must be made in full by cash or credit only at time of appointment.

**PROOF OF QUALIFYING**

- Government issued Photo ID
- And one of the following:*
- W2, 1099, or completed tax statement (previous year)
- 4 consecutive pay stubs (for individuals only)
- Government assistance documents

By signing this form, I understand that approval will be based upon the current documents I present as head of household and that approval is not guaranteed.

I understand that it may take up to 48 hrs for my application to be processed before discount can be applied and that all expenses incurred before approval date are at normal cost.

\_\_\_\_\_  
Applicant's Signature

Approval determined by Neighborhood Vet Care management

**Office Use Only**

- Approved
- Pending
- Denied