



Fayette Humane Society

P.O. Box 244, Fayetteville, GA 30214-0244
770-487-1073 www.fayettehumane.org

GA Department of Agriculture
License # 33103678

Application for Veterinary Assistance

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(S) _____ EMAIL _____

NAME OF PET _____ (circle one) DOG CAT

AGE OF PET _____ SEX OF PET (circle one) Male Female

PROBLEM / DIAGNOSIS: _____

HAVE YOU SEEN A VETERINARIAN? _____ NAME OF VET _____

(PLEASE ATTACH ANY SUPPORTING DOCUMENTS, SUCH AS INVOICES, WRITTEN OPINIONS, PRESCRIPTIONS, ETC.)

ESTIMATED COST OF TREATMENT _____

PROGNOSIS _____

FOLLOW-UP / MAINTENANCE CARE REQUIRED _____

HOW MUCH ARE YOU ABLE TO CONTRIBUTE TO THE COST? _____

(PLEASE ATTACH SUPPORTING DOCUMENTS, SUCH AS SOCIAL SECURITY, WELFARE, DISABILITY, OR UNEMPLOYMENT LETTER, TAX RETURN SHOWING INCOME UNDER \$30,000, OR OTHER PROOF OF NEED.)

HAVE YOU APPLIED FOR CARECREDIT? _____

DO YOU PLAN TO KEEP THIS ANIMAL, AND ARE YOU WILLING AND PREPARED TO PROVIDE ANY NECESSARY FOLLOW-UP CARE THAT MAY BE REQUIRED? _____

IF YOU RECEIVE OUR ASSISTANCE, DO YOU AGREE TO PROVIDE FHS WITH UPDATES ABOUT YOUR PET'S CONDITION? _____

SIGNATURE OF CLIENT

APPROVED / DENIED COMMENTS _____

SIGNATURE OF FHS REPRESENTATIVE SIGNATURE OF FHS REPRESENTATIVE