

HORSE CART FINANCIAL AID APPLICATION

PLEASE READ THE FOLLOWING CAREFULLY.

By signing below, you give legal permission to Horse Cart Small Animal Hospital to verify the information provided by running a consumer report/background check, and to call the references you have provided below. Please remember that we sincerely want to help you and your pet, but can only do so by qualifying people for financial assistance in as responsible a way as we can. The information you provide is completely confidential. Credit difficulties and the like to do not disqualify you automatically. We give aid in the context of your total personal and financial situation.

Name _____ SS# _____ Spouse _____ SS# _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Driver's License # _____ #Children living at home _____

Own/Rent? _____ Landlord/Mortgage Co Name _____ Landlord/Mortgage Phone _____

Employer _____ Work Contact Phone _____ Supervisor _____

Spouse's Employer _____ Spouse's Work Phone _____ Supervisor _____

Non-family/friend reference who can verify your situation (Social Workers, Ministers, Health Care Professionals, Counselors etc – please provide their work phone numbers) Give their name & professional capacity + phone numbers

_____ ; _____

Give us an overall description of your financial situation as simply as possible, but include the major obligations that are making things difficult at the moment.

MONTHLY BUDGET (Round numbers are fine)

Your Income _____ Spouse's Income _____ Other income _____ Public Assistance Total _____

Rent/Mortgage _____ Food _____ Utilities _____ Gas/Travel _____ Health Care _____ Child Care _____ Credit

Card Debt _____ Car Payment _____ Other Significant Debt (alimony, student loans etc – list individually with amounts) _____

Signed (owner) _____ Date _____

Signed (Veterinarian) _____ Date _____