

Homeward Bound

Addison County's Humane Society



**Welcome to Homeward Bound's Pet CORE (Community Outreach Education and Resources)**

To qualify for Homeward Bound's Pet CORE program, one must:

- Provide proof of Addison County residency
- **Provide proof of limited income (Dept. of Economic Services eligibility letter, Social Security Income, Pay Stub)**
- Agree to work with Homeward Bound to have all pets spayed/neutered
- Agree not to acquire any more pets while receiving Pet CORE assistance
- Agree to inform Homeward Bound if financial status changes such that assistance is no longer needed

Once notified that you are approved and enrolled in Pet CORE, we will call you for pick up of the back-up food and/or other items you request. **PLEASE NOTE:** All information shared on this application will remain confidential and will not be shared with external agencies or individuals.

**Pet CORE Assistance Application**

Today's Date: \_\_\_\_\_

**Personal Information:**

Applicant Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Family size: \_\_\_\_\_ Combined Monthly Family Income before Taxes: \_\_\_\_\_

**NOTES:**

**Pet Information (List additional pets on a separate piece of paper)**

Name	Species	Age	Sex	Spay/ Neuter?	Weight	Description (Pet's breed, color and coat type)

**Type (s) of assistance needed:**

- Back-upFood: \_\_\_\_\_
- Flea/Tick Preventative: \_\_\_\_\_
- Dewormer: \_\_\_\_\_
- Assistance with spay/neuter: \_\_\_\_\_
- Other: \_\_\_\_\_

With my signature, I certify that the information I have given is true. I understand acceptance into the Pet CORE program is being provided to my pets based on the information above. **I have attached proof of Addison County residence and proof of limited income (see above for accepted proof) to this application.**

Where did you learn about the Pet CORE Program?: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

\*\*\*\*\*

**For HB Use Only:**

**Approved:** \_\_\_\_\_

**Date of Enrollment:** \_\_\_\_\_

**Date entered into Pet Point:** \_\_\_\_\_