



PetCORE APPLICATION

To qualify for Homeward Bound's PetCORE program (access to supplemental food, flea/tick medications, wellness vet care, and spay/neuter), you must:

- Provide proof that you are an Addison County resident
- Provide proof of **HOUSEHOLD** income (Dept. of Economic Services eligibility letter, Social Security Income, Pay Stub)

You will also agree to:

- **HAVE ALL PETS SPAYED or NEUTERED** according to the agreed-upon surgery appointments
- **AGREE NOT TO TAKE IN ANY MORE PETS** while receiving PetCORE assistance
- Inform Homeward Bound if the household income changes such that assistance is no longer needed
- Provide us with working contact information (email or cell number with functional voicemail)

Once notified that you are approved and enrolled in PetCORE, a caseworker will contact you to schedule your first services. Future needed services will be your responsibility to talk to your caseworker about.

Today's Date: _____

Applicant Name: _____

Physical Address: _____

Mailing Address: _____

WORKING Phone Number(s): _____

WORKING Email: _____

TOTAL HOUSEHOLD INCOME _____ (proof of income from all working adults must be provided)

Family Size: _____

NOTES

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

Name	Type of Pet	Age	Sex	Has your pet been spayed or neutered?	Weight	Description (Pet's breed, color and coat)

Type (s) of assistance needed:

- Once-a-Month Supplemental Food: _____
- Once-a-Month Flea/Tick Medication: _____
- Spay/Neuter Surgery: _____
- Basic Wellness Vet Care: _____

With my signature, I certify that the information I have given is true. If accepted, I understand that the PetCORE program will provide limited assistance to my pets listed on this form and that I have provided working contact information and **proof of Addison County residence and household income before being considered for the program.**

Proof of residence _____ and household income _____ provided.

Applicant Signature: _____ **Date:** _____

For HB Use Only:

Approved: _____ **Date of Enrollment:** _____

Date entered into Pet Point: _____

PLEASE NOTE: All information shared on this application will remain confidential and will not be shared with external agencies or individuals except as necessary to distribute pet food.