



PetCORE APPLICATION

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

- Provide proof that you are an Addison County resident (proof of residence).
- Provide proof of **HOUSEHOLD** income or other assistance programs for all working adults. This could include Dept. of Economic Services eligibility letter, Social Security Income, welfare or unemployment documentation, work paystub, proof of area agencies that are assisting you – ReachUp, Snap, WIC, etc.

Until this information is provided, your application cannot be processed.

You will be agreeing to:

- **HAVING ALL CATS/DOGS SPAYED or NEUTERED** according to the agreed-upon surgery appointments
- **NOT TAKING IN ANY NEW PETS OR REPLACING ANY PETS** as per PetCORE requirements while being a member of PetCORE
- Inform Homeward Bound if the household income changes such that assistance is no longer needed
- Provide us with contact information that works (email or cell number with functional voicemail)

Today's Date: _____

Applicant Name: _____

Physical Address: _____

Mailing Address: _____

CURRENT Phone Number with voicemail: _____

CURRENT Email that works: _____

TOTAL HOUSEHOLD INCOME/ASSISTANCE from Addison County agencies _____ (proof of income/assistance from all working adults must be provided – see above)

Family Size: _____

NOTES

Pet Information (List all pets owned).

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

Type (s) of assistance needed:

- Once-a-Month Supplemental Food: _____
- Once-a-Month Flea/Tick Medication: _____
- Spay/Neuter Surgery: _____
- Basic Wellness Vet Care: _____ (emergencies not handled at Homeward Bound)

If you qualify, you will be given information about how to access the PetCORE services you signed up for on the application.

- If accepted, I understand that the PetCORE program will provide limited assistance to only the cats/dogs listed on this form, and that I have agreed not to adopt or replace any pets while being a member of PetCORE, as per PetCORE requirements.
- I have provided proof of Addison County residency, and household income or other agency assistance.
- I understand that my application will not be processed until the information requested is provided. Proof of residence _____ and household income _____ has been provided.

With my signature, I certify that the information I have given is true. (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.)

Applicant Signature: _____ **Date:** _____

For HB Use Only: Approved: _____ Date of Enrollment: _____

Date entered into PetPoint: _____
