



Partnering for Animal Care (PAC)

At Longmont Humane Society we believe that spay/neuter services and general animal healthcare should be accessible for all pet owners. Therefore, we offer a financial assistance program for those who qualify.

If your household annual income meets the following criteria, you will be offered a 25% discount on services. Eligibility is based upon the Federal Poverty Guidelines.

<u>Persons in Household</u>	<u>Annual Income Not To Exceed</u>
1	\$22,311
2	\$30,044
3	\$37,777
4	\$45,510
5	\$53,243
6	\$60,976

We request that applicants visit the Well Pet Clinic in person, without pets, to complete this application. (No phone approvals will be performed.)

To qualify, please bring a photo ID and one of the following low-income qualifying documents when you check in:

- Quest or EBT card
- Paycheck stub (please bring 2 consecutive with current dates)
- Financial aid award notice
- Unemployment check stub (please bring 2 consecutive stubs with current dates)
- Medicaid card
- Disability letter
- Supplemental Security Income (SSI) ID or letter
- WIC

All animals participating must be spayed/neutered to take advantage of any service other than spay/neuter.

Services not discounted under this program include:

- Retail goods
- Food
- Specialty services
- City Licenses

Payment in full is expected at the time of service.
We accept CareCredit™, VISA and Mastercard.

Thank you for choosing Well Pet Clinic for your veterinary needs.
We look forward to being part of your pet's well-being!



WELL PET CLINIC

Partnering for Animal Care (PAC) Application

Clients will need to qualify annually for continuation in the program. We take care to ensure your confidentiality, and we do not keep copies of these documents on file.

Client Name: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Phone Number (____) _____ CO Identification Number _____

Email _____

Pets in your household

Name _____	(circle)	dog	cat	M	F	Spayed/Neutered?	Y	N	Age _____
Name _____	(circle)	dog	cat	M	F	Spayed/Neutered?	Y	N	Age _____
Name _____	(circle)	dog	cat	M	F	Spayed/Neutered?	Y	N	Age _____

Number of adults in your household: _____ Number of children in your household: _____

Please check the following categories for which you are providing income verification and the amounts on a Monthly basis.

_____ Two paycheck stubs	\$ _____
_____ Social Security letter	\$ _____
_____ Disability letter	\$ _____
_____ Unemployment Compensation	\$ _____
_____ Alternate document _____	\$ _____

Emergency care, hospitalization and specialist procedures are not eligible for this program. You will be notified via phone within 48 hours of qualification for the program.

The information provided is true and accurate to the best of my knowledge.

Signature _____ Date _____
Print Name _____

To Be Completed by WPC Staff:

Income Verification: Y/N ID Verification: Y/N by WPC staff: _____

All animals altered: Y/N If no, Sx appt scheduled: date _____

Sx must be scheduled 30d within approval of application

If altered, PAC code entered into AM: Y/N by WPC staff: _____

Client notified of approval/denial: Y/N Tracking Log entry: Y/N

Follow ups reminders for email and expiration date entered into AM: Y/N by WPC staff: _____