

## Humane Solution Voucher Application

**(Office use only)**

Voucher Number(s) \_\_\_\_\_ Date Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Method of payment Check (Number) \_\_\_\_\_ MO \_\_\_\_\_ Date \_\_\_\_\_  
Amount of payment \$ \_\_\_\_\_ Spay It Forward Donation \$ \_\_\_\_\_  
Vaccination Allowance \$ \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
How did you hear about Humane Solution? \_\_\_\_\_  
Have you applied to us before? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when \_\_\_\_\_

**How many vouchers are you requesting?** \_\_\_\_\_ (Additional pets may be listed on the back of this sheet. Please list species, age, breed, sex, weight, and description.)

**Dog** \_\_\_\_\_ **Cat** \_\_\_\_\_ **Sex of Pet** **Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Age** \_\_\_\_\_ years \_\_\_\_\_ months

**Pet's name** \_\_\_\_\_

**Breed** \_\_\_\_\_

**Please state color(s) of pet** \_\_\_\_\_

**Weight:** 1-60 lbs. \_\_\_\_\_ 61-100 lbs. \_\_\_\_\_ Over 100 lbs. \_\_\_\_\_

**Where did you get your pet?** (Stray, breeder, rescue group, etc) \_\_\_\_\_

**How much was the adoption fee?** \_\_\_\_\_ **How long have you had your pet?** \_\_\_\_\_

**Which vet hospital from the list will you use?** \_\_\_\_\_

**Is this your regular vet?** \_\_\_\_\_ **If no, please state regular vet hospital** \_\_\_\_\_

**Vaccines: Please check all that your pet has had:**

**(Dogs only)** Rabies \_\_\_\_\_ Parvo/Distemper(DHLPP) \_\_\_\_\_ Bordetella \_\_\_\_\_

**(Cats only)** Rabies \_\_\_\_\_ Feline Leukemia \_\_\_\_\_ Distemper \_\_\_\_\_

**Financial Information:**

Are you employed? \_\_\_\_\_ Where? \_\_\_\_\_

If no, how long have you been unemployed? \_\_\_\_\_

\*\*Household Salary: Monthly \_\_\_\_\_ or Yearly \_\_\_\_\_

Are you on Public Assistance? \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Are you on Disability or Unemployment? \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Do you receive Social Security, Food Stamps, Medicare, Medicaid, or Child Support? \_\_\_\_\_

List Monthly Amounts: \_\_\_\_\_

How Many Live in this Household? Adults \_\_\_\_\_ Children \_\_\_\_\_

**\*\* (Please include copy of your most recent pay stub or gov't check)**

\*\*Please feel free to give more specific information on the back of this application.

**Please return this form along with your payment and income information to Humane Solution**

P.O. Box 20712, Winston-Salem, NC 27120. You should receive a response in a week to ten days.