



RISPCA Animal Health Center Application for Tiered Pricing

Your Name: _____ Today's Date: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone Number (Cell): _____ (Home): _____

Email: _____

Pet's Name: _____

Species (circle one): Dog Cat Ferret Other: _____

Age of Pet: _____ Breed: _____ Color: _____

Name of Previous Veterinarian: _____

Income Eligibility Information:

Do you currently receive (check all that apply):

Medicaid

WIC

Rite Care

Family Independence Program/Welfare

Food Stamps

SSDI

Subsidized Child Care

TDI

Heating Assistance

Subsidized Housing

Documents Verified by Staff

Yes

No

Number of Persons in your Household: _____ Annual Household Income? _____

For one person household, is your income greater than \$15,900? Yes No

I certify that all answers to the questions are true and complete to the best of my knowledge and I understand that if my financial information is misrepresented, I am liable for full repayment of all discounted fees. I understand full payment must be made at the time services are performed. I assume financial responsibility for all charges incurred and agree to pay 100% of the balance of my invoice at the time of checkout. All pets must be spayed or neutered within six (6) months of your first appointment at the Rhode Island SPCA Animal Health Center. Failure to comply with this policy will automatically disqualify you from receiving services at the Rhode Island SPCA Animal Health Center until your pet is spayed or neutered. Please type your full name below.

Signature of Applicant: _____