HUMANE SOCIETY of Southern Arizona
Wellness Program

Wellness Assistance Verification Form

Full Legal Name: _____

Address, City, State, Zip: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name & Phone number: _____

Please list all members of the household:

	Full legal name	Age	Relationship
1.	SELF		
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please list all pets in household:

	Pet's name	Age	Species	Sex(M/F)	Breed	Weight	Altered (Y/N)
1.							
2.							
3.							

Any previous illnesses/injury? Any known allergies? Were these issues treated at a different clinic previously? Please provide name and phone number of previous clinic.

We highly recommend that your pet(s) be altered. We have special pricing to get this done.

Program qualifications: Acceptable proof of income documents to qualify for the reduced costs associated with HSS's Wellness Program include at least one of these: two paycheck stubs with dates from the last month of each wage earner; government award letter showing the amount of Social Security, Supplemental Security, Pension, Retirement, Survivor's Benefit, Disability W2 or tax documentation for the previous year; AHCCCS; Food Stamps; EBT. You must include all incomes living in the household!

Gross Income Qualification Guidelines:

#of persons in Household	Annual Income to Utilize Wellness Fees
1	$16,132
2	$26,438
3	$36,299
4	$44,809
5	$52,876
6	$61,845
7	$70,814
8	$79,783

For each additional person, add $8,969

PLEASE ATTACH PROOF OF INCOME TO THIS APPLICATION

I certify that all above information is true and accurate.

Print name: _____

Signature: _____

Date: _____

****Return to HSSAZ Clinic at 635 W. Roger Road or email to spayneuter@hssaz.org****