ELDERPET

Application to Receive Pet Rx MedicationAssistance

NH Strafford and Seacoast Rockingham Counties Only

Date: _____

Name:_____

Street Address: _____

Mailing Address (if different) : _____

City: _____ State: _____ Zip:_____

Phone numbers: _____

Email:_____

Information About Pet's Veterinary Hospital:

Name of Your Veterinary Hospital/Veterinarian: _____

Address:_____City: _____St: ___ Zip: _____

Phone number: _____

Owner(s) name on pet records (if different from yours): _____

Pet Information: (Fill or Circle)

Pet Name: _____ Dog or Cat? M or F?

Spayed/Neutered? Yes No Breed: _____

Approximate weight? _____How long owned? _____

Do you have other pets? (Number and breeds, please) _____

Information About Your Income and Federal/State Assistance

Please check the form(s) of assistance you receive and ***SEND US A COPY OF THE AWARD DOCUMENT OR CHECK STUB AS PROOF OF YOUR RECEIVING AID.***

- ☐ Supplemental SSI
- ☐ Food Stamps (SNAP)
- ☐ OAA - Old Age Assistance
- ☐ ANB - Aid to Needy Blind
- ☐ APTD - Aid to The Permanently and Totally Disabled
- ☐ Direct relief from your city or town
- ☐ Medicaid Program
- ☐ Living entirely on Social Security
- ☐ Low Income (Separate form)

Notes: _____

_____

Information About Your Pet's Medication Needs:

Medical Condition(s) of Concern: _____

How long has your pet been ill? _____

Medication and/or Prescription Diet Prescribed: _____

Approximate cost of medication per month: _____

Where is this medication obtained? (Vet or Pharmacy) _____

Does your pet require frequent rechecks and lab work? (Explain): _____

_____

Do you have the financial resources to meet the above requirements? (Explain) _____

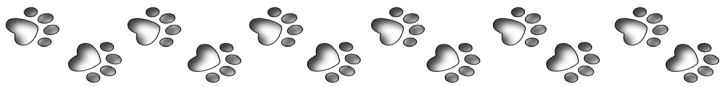
_____

☐ I give permisson for ElderPet to speak my veterinarian about my pet and the medication assistance requested.

I hereby attest that the information in this application is true and correct to the best of my knowledge.

_____ _____

Signature Date



Please return this application and proof of financial eligibility (copy of award document or stub) to:

ElderPet
PO Box 624
Durham, NH 03824

Questions? elderpet@gmail.com; Jeri Zezula, Service Coordinator 603-767-6856