



Animal Assistance League Financial Assistance Application

YOUR NAME:		Cell:	
Mailing address:		City/Zip:	
Street address:		City/Zip:	
Email:		Who referred you?	

PET'S NAME:		Type:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Breed:		Age:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Vaccinations current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Size/weight:		Spayed/Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you adopt your pet from a Shelter? If so, when & where?			
What veterinary care would you like help with?			
Veterinarian:			

Questions & Contact Information:

P.O. Box 776298, Steamboat Springs, CO 80477 Phone: 970-439-3100 or 970-846-1490 (Lynne)
 Serving Routt, Moffat, Grand, Jackson & Rio Blanco Email: myanimalleague@gmail.com

FINANCIAL INFORMATION: Please explain why you need and qualify for financial assistance.	
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name:
Employer's Phone:	Length of Employment:
I am able to pay: \$	I am applying for: \$
<p>By signing below, I give permission for my veterinarian to share information about my pet and my account, and I declare that the information I provided on this application is true and accurate.</p>	
Applicant Signature: X	Date:

<p style="text-align: center; color: magenta;"><u>This section must be completed by an AAL representative who will submit this form directly to veterinarian.</u></p> <p>I authorize \$ _____ of the above veterinary care be billed to A.A.L.</p> <p>AAL Rep.: _____ Date _____</p>	<p style="text-align: center;">Fax/Email:</p> <p>Veterinarian: _____</p> <p>Fax/Email: _____</p> <p>Date/Time: _____</p> <p>From: _____</p> <hr/> <p style="text-align: center;">2022 - ____ - ____</p>
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