



\*This vaccine assistance is made possible by public donation

**Larry's Fund Vaccine Assistance**

<b>Instructions</b>	
1. Please complete and sign this application 2. Return your completed application to: H.O.P.E. for Animals 1333 Maycrest Dr., Fort Wayne, IN 46805	
<b>Co-Pay Fees: Copay is half price of requested vaccine service</b>	
<b>Qualification Guidelines</b>	
Please select the type of qualification below:	
Income <input type="checkbox"/>	Other Considerations <input type="checkbox"/>
My gross annual household income is: <input style="width: 100%;" type="text"/>	Please explain briefly below why you are requesting assistance.
The total number of people in my household is: <input style="width: 100%;" type="text"/>	
Unemployment <input type="checkbox"/>	
Medicare <input type="checkbox"/>	
Medicaid <input type="checkbox"/>	
Social Security Disability <input type="checkbox"/>	
Food Stamps <input type="checkbox"/>	
Other, list below <input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	

<b>Pet Owner Information - Please Print</b>			
Last Name		First Name	
Address			
City		State	Zip Code
Phone Number(s)			
Email			
How did you hear about this program?			
<b>Pet Information (Limit 2) - Please Print</b>			
Name:		Requested Vaccines:	
Cat	<input type="checkbox"/> Altered	<input type="checkbox"/>	
Dog	<input type="checkbox"/> Unaltered	<input type="checkbox"/>	
Name:		Requested Vaccines:	
Cat	<input type="checkbox"/> Altered	<input type="checkbox"/>	
Dog	<input type="checkbox"/> Unaltered	<input type="checkbox"/>	
<b>Release and Certification of Information</b>			
<p>For value received, I/we the owner(s) of the above-designated cat or dog, do hereby fully and completely release and discharge H.O.P.E. for Animals and all persons, agents, employees, directors, and officers thereof and/or on its behalf liable from and against any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses and losses of any kind and description which in any manner pertain to, concern, involve or relate to the vaccination of my/our pet, including such pet's death or injury, and I/we agree to indemnify and hold harmless all entities and persons being released hereunder from and against any and all actions, causes of actions, claims, demands, assertions, contentions, suits, damages, expenses, and losses resulting from the foregoing activities. By my signature below I certify that I understand that H.O.P.E.'s assistance program is for limited income pet owner only, the information provided is accurate and complete, and that this information is subject to verification prior to approval.</p>			
Signature: _____		Date: _____	

\*Please attach proof of government assistance