

Canine Assistants After-Care Assistance Application  
Financial Statement

Applicants Name \_\_\_\_\_ Phone \_\_\_\_\_  
*(If child)*  
Parent or Guardian \_\_\_\_\_ Spouse \_\_\_\_\_ Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Employed by \_\_\_\_\_ Emp. Phone \_\_\_\_\_  
Employer Address \_\_\_\_\_  
How Long? \_\_\_\_\_ Position \_\_\_\_\_  
Spouse's Employer \_\_\_\_\_ Emp. Phone \_\_\_\_\_  
Employer Address \_\_\_\_\_  
How Long? \_\_\_\_\_ Position \_\_\_\_\_

List Other Pets (including farm animals) \_\_\_\_\_  
Your Veterinarian's Information:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Discount Agreed to: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Monthly Household Income

Salary \$ \_\_\_\_\_  
Spouse Salary \$ \_\_\_\_\_  
Additional \$ \_\_\_\_\_ (Social Security, Medicaid, Stock, Real Estate, Retirement, etc.)  
Total \$ \_\_\_\_\_

Monthly Expenses

Rent/Mortgage \$ \_\_\_\_\_  
Car Payments \$ \_\_\_\_\_  
Out of Pocket Medical \$ \_\_\_\_\_  
Other Monthly Debts \$ \_\_\_\_\_ Description \_\_\_\_\_  
\$ \_\_\_\_\_ Description \_\_\_\_\_  
Alimony or Child Supp. \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

Please describe your financial situation/reason for After-Care assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby represent that this application is true and accurate and fully reflects my financial condition on the date shown below.

*You must enclose the most current tax return for each member of the household with this application.*

*By executing and returning this financial aid form, you give Canine Assistants express permission to run a credit check verifying the information submitted.*

Applicant or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**I affirm that the information listed on this application is true and correct to the best of my ability. I release to Canine Assistants the authority to verify the above information in the course of determining my need for financial assistance by that organization.**

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I am signing this application on behalf of \_\_\_\_\_, minor child.  
(Please print)

**Remember to enclose the most current tax return for each member of the household with this application.**

*For questions email [financialaid@canineassistants.org](mailto:financialaid@canineassistants.org)  
or call Lauren at 800-771-7221 x210*

*3160 Francis Road; Milton, Georgia 30004*