

# COMPASSIONATE ANIMAL RESOURCES FOR THE ELDERLY

Serving Washington and Wood Counties

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Marietta, OH 45750



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## APPLICATION

*Please complete all requested information.  
An incomplete application may cause for delay or denial of assistance.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you 65 years of age or older: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of adults in your household: \_\_\_\_\_ Number of children: \_\_\_\_\_

Total monthly **household** income from all sources: \_\_\_\_\_

Total amount(s) in all accessible accounts (savings, CDs, etc.): \_\_\_\_\_

Number of dogs you own: \_\_\_\_\_ Number of cats you own: \_\_\_\_\_

The reason I am requesting financial assistance: \_\_\_\_\_

Name of veterinarian/groomer/boarding facility: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your pet been to the vet for the reason you seek financial assistance? Yes \_\_\_\_ No: \_\_\_\_

Do you have an estimate? Yes \_\_\_\_ No: \_\_\_\_ Amount: \$ \_\_\_\_\_ (attach copy)

Have you applied for financial assistance from CARE in the past? Yes \_\_\_\_\_ No: \_\_\_\_\_

If yes, date financial assistance was received \_\_\_\_\_

\_\_\_\_\_  
Printed name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*No person(s) meeting the age and income guidelines as set forth in the operations manual, shall be denied by reason of age, race, color, creed, sex, national origin or sexual orientation.*