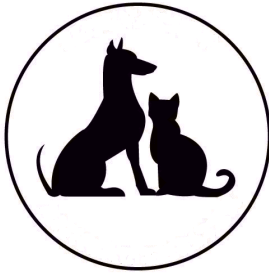


Application No. _____



Coalition to Educate Alternatives to Senseless Euthanasia, Inc. (CEASE)

Medical Assistance Application

Please provide your contact information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
(At least one phone number is required)

ID Provided: _____

NOTE: If your address does not match your identification you will need to include documentation, such as a utility bill that shows your current address.

Please provide information about the pet you need assistance with:
(One pet per form)

Name of Pet: _____

Type of Pet and Breed: _____

Age: _____ Sex: _____ Pregnant?: _____ Date of Last Litter: _____

Date of Last Rabies Shot (Required prior to surgery): _____

How many other pets do you have? Cats _____ Dogs _____

Are they sterilized? _____

Name of veterinarian: _____

Vet's phone number: _____

As part of this application, you are required to provide documentation that you are receiving some form of governmental low-income assistance to qualify your eligibility. A copy of these documents need to be submitted with your application and will be returned to you upon request. If submitting this application by mail, please do not send us the originals. Please check all that apply.

- Federal Public Housing Assistance (FPHA)
- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicaid
- National School Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Section 8 Public Housing
- Women, Infants and Children (WIC)
- Any Other Official Documentation for eligibility

Disclaimer and Agreement:

I have read and agree to abide by the instructions, requirements and conditions. I am requesting medical assistance for my pet described above and understand that I may be requested by the service provider to pay some fees towards this care. All fees and co-pays have been fully disclosed and any payment schedule that might be required has also been fully disclosed. I also acknowledge that CEASE is not the service provider and cannot be held liable for any misunderstandings, fee disputes or services received by using a referred provider.

CEASE will pay for any basic care veterinary services including surgical sterilizations for an approved applicant's companion pets. This does not include emergency service unless that service is approved in advance. The applicant agrees to use one of the several low-cost clinics located in either Broward or Palm Beach Counties and CEASE will make arrangements for the approved applicant to receive service on our charge for the approved service. Or, if applicant chooses, payments can be made by the applicant and CEASE will reimburse the applicant for all approved charges upon submission of the invoice for service. If the applicant chooses to use a private for-profit animal hospital, CEASE will pay for those approved services up to the listed fees charged by the geographically closest non-profit clinic for the same services. Any costs above that amount will be the applicant's co-pay.

Signature: _____

Printed Name: _____

Date: _____