

Humane Society of the Ohio Valley
90 Mt. Tom Road
Marietta, OH 45750
(740) 373-5959; www.hsov.org
director@hsov.org or manager@hsov.org

Approved ____
Disapproved ____

Veterinary Assistance Application:

Your Full Name: _____

Your Full Address:

Your phone number: _____ Your email address: _____

Pet's name: _____ Cat/Dog/Other? _____ Age? _____ Weight? _____

What veterinary care does your pet(s) need?

Has pet been evaluated by a veterinarian? _____ If so, vet's name and telephone number:

What did vet tell you?

Why can't you afford to pay for vet care needed?

For Office Use Only:

Driver's license number (verify Washington County) _____

Proof income meets guidelines:

Total number in household _____

Total household income: _____

How verified? _____