

**Atlantic County Society for the Prevention of Cruelty to Animals Inc.**  
**P.O. Box 205 Somers Point, New Jersey 08244**  
**Phone: (609) 927 – 9059**

## **New Client Application**

I, \_\_\_\_\_, am applying to become a client and receive veterinary services for my pet(s) at the Atlantic County SPCA low-cost clinic. I understand that the Atlantic County SPCA's mission is to provide low-cost care to underprivileged pet owners, in an effort to reduce financial euthanasia and the surrendering of pets to animal shelters due to a lack of financial means.

I certify that I am in need of this CHARITY CARE, and can present proof that I receive one or more of the following:

- Food Stamps
- Medicaid (NJ Family Care)
- General Public Assistance
- Rental Assistance
- Aid to Families with Dependent Children
- Lifeline Utility Credit
- Tenants' Lifeline Assistance
- Supplemental Security Income (SSI)
- Pharmaceutical Assistance to the Aged & Disabled

**OR,**

I receive none of the above. However, I'd like to continue my application because:

- I have been declined by 3<sup>rd</sup> party financing (ie. Care Credit) through my regular veterinarian. (I will provide documentation.)
- I have been affected negatively by the Covid-19 pandemic in the following way(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other (Please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_