



Return form to: Mary Stewart, Well Elder Specialist
10190 Bannock Street, Suite 105
Northglenn, CO 80260
Phone: 303-426-4408 ext. 204 / Fax: 303-426-0014

PETVET ENROLLMENT FORM

Instructions: Complete both pages of form, sign it, and return it to the address above with proof of income, such as a copy of your Social Security letter.

Date _____ County _____

Name of Pet Owner _____ Phone _____

Address _____ City _____ Zip _____

Email address: _____

Does Pet Owner live: a) Alone b) W/Spouse c) Family d) W/Friend e) Other

Emergency Contact _____ Relationship _____

Address _____ City _____ Zip _____

Phone (H) _____ (W) _____ (Cell) _____

MEDICAL AND HEALTH INFORMATION:

Supportive Devices: Cane ___ Walker ___ Wheelchair ___ Crutches ___ Other ___

Brief Health History:

INFORMATION ON THE COMPANION ANIMALS IN YOUR HOUSEHOLD:

Name of Animal	Age	Breed & State of Health	Shots up to date?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you currently receive veterinary or other services for your animals? ___ Yes ___ No.

If Yes, what are they: _____

Name of Current Veterinarian: _____ Phone _____

Name of Current Groomer: _____ Phone _____

Have you ever used, or are you currently using, a service through The Senior Hub? ___ Yes ___ No

Which service(s) have you used / are you using:

- ___ I have a Senior Hub volunteer that assists me
- ___ Senior Hub Food Pantry
- ___ Well Elder
- ___ Medical Equipment Lending
- ___ Meals on Wheels
- ___ Adult Day Program
- ___ Homecare Services

If referral, give referring person's name _____

Agency referred from _____

*Please complete section below. All information will be kept confidential.

Your Date of Birth _____ Age _____ Soc Sec# (last 4 digits) _____
Ethnic Group: White ___ Black ___ Hispanic ___ Asian/Pacific ___ Indian ___
Urban Metropolitan Resident _____ or Rural Resident _____

How many people in household? _____ What is your monthly income? \$ _____

Source of income: ___ Social Security ___ Work Income
 ___ Pension ___ Other

ATTACH PROOF OF INCOME

I understand that limited funds are available in the PetVet Fund. This program does not guarantee reimbursement and should not be a factor in determining whether to seek urgent care for my animal.

I understand that enrolled pet owners who do not adhere to PetVet Fund policies and guidelines will be subject to review for eligibility to participate in this program.

I understand that The Senior Hub engages in the providing of resources for seniors but does not engage in direct veterinary and other care of companion animals. I will not hold The Senior Hub, it's staff, volunteers, or board of directors et al responsible or liable for expenses, losses, personal property damages as a result of veterinary and other care of my companion animals.

Signature _____ Date _____

Email: MStewart@Seniorhub.org