

Loudoun County Department of Animal Services

39820 Charles Town Pike
Waterford, VA 20197
703-777-0406 (Office)
540-882-3984 (Fax)



The CARE Program provides assistance to residents of Loudoun County who are temporarily unable to afford to provide veterinary care for their beloved companion animals. The program strives to preserve the bond between owners and their companion animals by providing temporary financial assistance with the goal of keeping pets in loving homes. If you would like to be considered for assistance, please complete the following application and submit all required documentation.

APPLICATION PROCESS

1. Your application must be complete. All required documentation regarding monthly total household income and rent or mortgage expenses must be provided with your application.
2. Please return your application to Loudoun County Department of Animal Services for consideration.
3. The application will be reviewed for eligibility.
4. You will be notified when your application has been processed.
5. An in home consultation will be scheduled with eligible applicants.
6. You will be notified of final approval.

**Please contact Animal Services if you require assistance to complete your application.*

ELIGIBILITY REQUIREMENTS

1. Applicants must reside in Loudoun County, Virginia.
2. All applications must be accompanied by proof of financial aid or limited income.
3. No resident of the household under consideration for CARE benefits may have been convicted of violations regarding the care of animals.
4. Rabies vaccinations are required by law, for dogs and cats over 4 months of age. Routine vaccinations are not generally covered by CARE and will be the required in order to receive CARE assistance. Information regarding low cost vaccination clinics is available on our website, www.loudoun.gov/animals.
5. Dogs must have a current dog license.
6. All dogs and cats under consideration for CARE benefits must be spayed or neutered within 30 days of acceptance in to the program.
7. CARE assistance is provided for animals that are in the home at time of first application for assistance. Obtaining additional animals after acceptance into the program will impact eligibility.
8. CARE recipients must notify Animal Services when financial assistance is no longer needed.

PROOF OF FINANCIAL AID

Please provide one or more of the following:

1. Social Security income
2. SNAP
3. Disability Income
4. Housing Choice voucher
5. Other forms of financial aid not listed and limited income situations will be considered on a case by case basis

ACCEPTANCE

If accepted, you will be asked to select from one of our CARE participating veterinarians.

You will remain eligible for assistance for a period of 6 months. You are required to re-apply if further assistance is needed.

MEDICAL APPOINTMENTS

1. CARE recipients must contact Animal Services to request assistance before obtaining veterinary care for their pet. Veterinary appointments must be approved in advance. CARE will not provide financial assistance for any services that are not pre-approved.
2. The CARE recipient will be notified of the terms of approval for each appointment.
3. The CARE recipient is responsible for contacting the veterinarian to make the appointment and must convey the terms of approval.
4. If additional funds are required during or following the appointment, the CARE recipient must contact Animal Services to request additional funds.
5. Animal Services will send a voucher outlining approved services to the veterinarian prior to all spay/neuter and medical appointments.
6. CARE recipients are responsible for transporting their pet to and from all medical appointments. If pet transport assistance is needed, the CARE recipient must make the request to Animal Services in advance.

APPLICANT INFORMATION

Full name: _____

Home address: _____

Primary phone #: _____ Alternate phone #: _____

Driver's license #: _____

Date of birth: _____

(Optional) Emergency contact name and phone #: _____

Financial Information

Total household gross income per month: _____.

(Total monthly earnings; please include total financial aid, child support for all contributing members in household)

***Proof of income required with your application.**

Does anyone in your household receive the following income or assistance?

Please circle all that apply and write the amount received below:

Social Security Disability SNAP Child support Housing assistance

Monthly rent or mortgage: _____.

***Please include a copy of mortgage statement or lease with your application.**

Number of adults in the household: _____ Children: _____

Pet Information

How many pets in the household? _____

Name: _____ Dog/Cat/Other: _____

Breed: _____ Color: _____

Age: _____ Sex: _____ Spayed/Neutered: Yes or No

Is the pet primarily: inside: _____ outside: _____

Type of confinement: _____

How long have you had this pet? _____

How acquired? _____

Other Pets

Please list additional pets here:

***Please print additional sheets as needed, to document all pets presently in household**

Name: _____ Dog/Cat/Other: _____

Breed: _____ Color: _____

Age: _____ Sex: _____ Spayed/Neutered: Yes or No

Is the pet primarily: inside: _____ outside: _____

Type of confinement: _____

How long have you had this pet? _____

How acquired? _____

Assistance Requested

Explain type of assistance requested: _____

Anticipated term of need: _____

I certify that the above information is accurate and true. I authorize the Loudoun County Department of Animal Services to contact any sources necessary to establish accuracy of the information provided. I also certify that the animal(s) listed in the application belong to me.

I certify that neither I, nor any members of my household have ever been convicted of any violations regarding animal care.

Applicant signature

Date

Note: Each complete application will be processed within two weeks of receipt.

VERIFICATION (For Office Use Only)

Verified by: _____ Date: _____

Eligible applicant: Yes or No

Comments: _____

Home consultation by: _____ Date: _____

Certificate valid until: _____

Name of selected veterinarian: _____