

METZGER ANIMAL HOSPITAL HART FUND CREDIT APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

Marital Status:

Email address:

Please list any other members in the household over the age of 18:

Name:

Name:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

City:

State:

Zip Code:

Phone:

Position:

Annual Income:

Total combined income for all household residents:

Please select any applicable statements:

- Recent Loss of Job (Within last 12 months)
- Major Medical Diagnosis
- Working Poor (101%-300% of Poverty Level)
- Senior Citizen
- Permanently Disabled (SSDI)
- Temporarily Disabled (SSI)
- Other (please explain):

Please check all that apply to your current financial statement:

- I receive Child Support
- I receive Alimony
- I receive a Monthly Inheritance
- I receive unemployment Benefits
- I receive Disability Payments (SSDI or SSI)
- I receive Public Assistance (welfare, food stamps, etc)

Please provide a copy of the following:

- Last Year's 1040 tax form, Unemployment Statement or Statement of SSI Benefits
- Proof of Medicare, Medicaid or Public Assistance
- Last 2 month's bank statements
- Care Credit Denial/Acceptance letter

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REFERRAL VET INFORMATION (IF APPLICABLE)

Name of a referring Vet:

Name of Clinic:

Address:

Phone:

City:

State:

ZIP Code:

TERMS AND CONDITIONS

I agree to pay Metzger Animal Hospital 15% of the total cost of this procedure: YES NO

I authorize Metzger Animal Hospital to verify the information provided on this form. YES NO

I testify that all of the information on this application is true and factual. YES NO

Signature of applicant

Date

Signature of co-applicant, if applicant;

Date