**A picture containing text, sign

Description automatically generated**

**GOOCHLAND PET LOVERS**

**GOOD NEIGHBOR FUND APPLICATION**

**APPLICANT INSTRUCTIONS**

* Please review the information below. Mark any changes as needed. Sign the Application.
* Provide any Rabies Certificates or previous Vet Records that you have brought with you.
* Place the clip board with all paperwork on your dashboard.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | |
| LName: | | | | | FName: | | | | | | | | Phone/Cell: | | | | | Client #: | |
| Address: | | | | | | | | | | | City: | | | | | Zip Code: | | | |
| Email Address: | | | | | | | | | | | | | | | | | | | |
| Total # of animals at this residence: | | | | | | | Total # of Dogs: | | | Licensed? Y N | | | | | | | Total # of Cats: | | |
| **Dog #1** | | Name: | | | | | | Breed: | | | | | | | Color: | | | | Age: |
| F M | | | Spayed/Neutered? Y N To Be Scheduled | | | | | | | | | Microchipped? Y N Approved by Owner | | | | | | | |
| Last Rabies Shot: | | | | Last Vet Care: | | | | | Any previous reactions to medications or vaccinations? | | | | | | | | | | |
| **Dog #2** | | Name: | | | | | | Breed: | | | | | | | Color: | | | | Age: |
| F M | | | Spayed/Neutered? Y N To Be Scheduled | | | | | | | | | Microchipped? Y N Approved by Owner | | | | | | | |
| Last Rabies Shot: | | | | Last Vet Care: | | | | | Any previous reactions to medications or vaccinations? | | | | | | | | | | |
| **Cat #1** | Name: | | | | | Long Hair Short Hair | | | | | | Color: | | | | | | | Age: |
| F M | | | Spayed/Neutered? Y N To Be Scheduled | | | | | | | | | Microchipped? Y N Approved by Owner | | | | | | | |
| Last Rabies Shot: | | | | Last Vet Care: | | | | | Any previous reactions to medications or vaccinations? | | | | | | | | | | |
| **Cat #2** | Name: | | | | | Long Hair Short Hair | | | | | | Color: | | | | | | | Age: |
| F M | | | Spayed/Neutered? Y N To Be Scheduled | | | | | | | | | Microchipped? Y N Approved by Owner | | | | | | | |
| Last Rabies Shot: | | | | Last Vet Care: | | | | | Any previous reactions to medications or vaccinations? | | | | | | | | | | |
| The Good Neighbor Fund (GNF) program is for residents of Goochland County *only*. Resident must live at or below 200% of the Federal Poverty Level and own the pet requested for services. By signing this application, you affirm that you are a resident of Goochland County, your income level does not exceed 200% of the Federal Poverty Level, and you own the pet(s) you have brought to the GNF Mobile Vet Clinic. Services are limited to two animals per year. Services will be coordinated by Goochland Pet Lovers (GPL) with veterinary practices and animal hospitals governed and licensed by the Commonwealth of Virginia at GPL’s discretion. Payment will be made directly to these veterinary practices and animal hospitals. No payments will be made to residents. All animals are required to be spayed/neutered to continue in the program if they have not previously been altered. Residents must qualify annually for this service. Please see the GNF Policy for full details of requirements and process procedures. Questions: [GNF@goochlandpetlovers.com](mailto:GNF@goochlandpetlovers.com) or 804.556.5683. | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | Date: | | | | | |
| How did you hear about GNF? | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **GNF OFFICE USE ONLY** | |
| Date Application Received: | Month/Year of Service: |
| Notes: | |

**Full program details and policies can be found at www.goochlandpetlovers.com/gnf**