

## Special Fees Form

### My dog or cat is

- Currently in an animal shelter or a foster within a 501(c)(3) non-for-profit rescue
- An "active trainee" of Fox Valley Dog Training Club
- An "active trainee" of Lucky Dog Academy

### Dog Owner

Client (your) name:

Dog or Cat (patient) name:

Pet Breed:

Pet Gender:  FS  FI  MN  MI

Pet Date of Birth:

I am applying for special fees for my dog at Vitality Chiropractic Center as my dog fits one of the descriptions above. I am speaking openly and honestly about the above dog's status, and I understand:

- the information provided may be verified by a staff member of Vitality
- to continue in this program, I must complete an updated form 1 year from the date provided below
- if this information cannot be verified, I will be required to pay the amount I was discounted
- this program is subject to change

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Representative to Verify\*

I verify that the above information provided is correct.

Signed: \_\_\_\_\_

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

Facility: \_\_\_\_\_

Position:  Board of Directors  Trainer  Director or Owner

Email OR Phone: \_\_\_\_\_

\*Who can verify?

Shelter/Rescue: board of directors, FVDTC: board of directors, LDA: your dog's trainer