



# CITY OF ALBUQUERQUE - ANIMAL WELFARE DEPARTMENT

## Employee Pet Wellness Membership Program

### Enrollment Form



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

Employee ID#: \_\_\_\_\_

### Select Plan:

☐ Single Pet - \$4.50 per pay period

☐ Multi-Pet (up to 6 pets) - \$9.00 per pay period

### Pet Details:

1. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

4. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

5. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

6. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

### Acknowledgement

By signing below, I affirm that:

- Participation is voluntary and for City of Albuquerque employees only.
- I authorize a payroll deduction of the selected amount.
- Services will be provided via the Preventative Pet Care Clinic.
- I confirm that my pet is non-aggressive. Pets displaying aggressive behavior or a history of aggression are not eligible for the program.
- My voluntary deduction helps support the HEART Fund (9-2-3-16) to benefit animal welfare in Albuquerque.
- This program is **NOT** a substitute for a full-service veterinary relationship.
- Services are limited, and not all pets will qualify.
- Care is offered solely at the discretion of AWD staff and veterinarians.



Employee Signature: \_\_\_\_\_

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



Submit your Completed form to:  
[employeebenefits@cabq.gov](mailto:employeebenefits@cabq.gov)

