

Adam's Legacy Grant Application

Your Name:

Email:

Address:

Phone Number:

Dog's Name

Dog's Age

Breed

How long have you owned this pet?

Where did you get the pet?

Is the dog Spayed/Neutered?

(Unless an approved reason is given – to be considered all dogs must be spayed/neutered or guardian agrees for the animal to be altered)

Treating Veterinarian Name:

Clinic Name

Clinic Phone Number:

Pets Medical Needs- Be Specific

Will the animal have future needs such as medication, future surgeries or physical therapy?

Please explain

What is the high and low end estimate for treatment?

Please attach a copy of the estimate

What circumstances are keeping the applicant from affording treatment?

Do you consent for volunteers/staff of Hospets to discuss medical and financial matters with your treating Vet?

Have You applied for CareCredit?

All applicant must apply for CareCredit and show proof of doing so

Have you applied for funding with other organizations or created a crowd funding page?

Please include links if possible

What amount can you pay towards your pet's treatment at this time?

\$ _____

Please include proof of income- (SSU/SSA/SSDI Benefits Letter- Pay Stub- W2 or letter of income from employer- Unemployment Benefits Letter- Proof of any federal assistance)

I have read and agree to the grant qualifications. By Signing and submitting this application, I agree It has been completed to the best of my knowledge. I understand that incomplete and/or submission of false information may result in an application being denied

Sign

Date

I agree to allow Hospets to use photos and information for promotion or social media (We will protect your identity by changing names and only revealing necessary information. Your story is vital to carrying out our work so we can show generous donors what we do and who benefits from our services. This is a requirement for consideration.)

Sign Date