



## Medical Care Funding Request Application

### Pet Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Circle one: *Canine /Feline* Breed: \_\_\_\_\_

### Procedure Information

Medical care and/or procedure needed: \_\_\_\_\_

Estimated Total Cost: \_\_\_\_\_ Doctor on case: \_\_\_\_\_

Hospital Requesting Funds: \_\_\_\_\_ Hospital phone number: \_\_\_\_\_

#### **To be completed by Attending Physician**

Synopsis upon intake: \_\_\_\_\_

Care needed: \_\_\_\_\_

Timeline for after care and recovery: \_\_\_\_\_

Prognosis after care: \_\_\_\_\_

### Financial Information

How much of the estimated total cost can you pay: \_\_\_\_\_

How will you be paying? Circle all that apply: *Cash / Credit Card / Debit Card / Care Credit / Check*

To receive financial care from Vet Partners Cares you must prove a financial need, which of the following can you provide us proof of within 24 hours? Circle all that apply:

*Food Stamps / Unemployment / Social Security / Disability / Most recent tax return income below poverty*

### Applicant Information

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### Secondary Contact Information

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

Phone: \_\_\_\_\_

*I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from receiving Vet Partners Cares funding. Furthermore, I release the State of Minnesota, the Board of Directors, officers, employees and agents for any loss, personal injury, accident, misfortune or damage to myself or my property. With the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property. I grant to Vet Partners Care, its representatives and employees the right to take photographs of my pet. I authorize Vet Partners Cares, its assigns and transferees to copyright, use and publish the same in print and/or electronically.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attending Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_