



Application For Financial Assistance

*updated 4/19/16

Thank you for applying for the Animals In Need Fund Financial Assistance Program. This program aims to support responsible low-income pet guardians when their pet is in need of unexpected veterinary care. If you are accepted into the program, you will receive a grant, voucher, or loan to cover part of the cost of care for your pet at the Nipomo Dog and Cat Hospital. Keep in mind that you will be responsible for paying any remaining balance as well as any loans agreed upon.

In order to qualify, you must:

- Provide proof of identification and San Luis Obispo or Santa Barbara county residency for yourself
- Provide proof of income for all household members
- Provide proof of having applied for and exhausted CareCredit (toll free: 1-800-677-0718; online: www.carecredit.com)
- Be the guardian of the pet requiring care or have permission from the guardian of said pet
- Spay and neuter all household pets within 60 days following treatment if they are not already
- * Discounted spays and neuters are also available through this program

As long as the requirements listed above are met, eligibility is determined based on household income level. Once we have received the application along with all required documents you will receive notification of your approval status within 14 days.

Please return this completed application, along with the requested documents to the Animals In Need Fund. You can bring it by in person or send it to us at one of the addresses below:

Mail: **Animals In Need Fund**
525 Sandydale Drive
Nipomo, CA 93444

Email: ainfund@earthlink.net *(Please use subject line: Financial Assistance Program.)*

Fax: 805.929.2858

Sincerely,

Animals In Need Fund



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Client Information:		Patient (Pet) Information:	
Name:	Name:		
Address:	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone:	Breed:		Spayed/Neutered?
Email:	Age:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for visit:			
Has this pet been seen previously for the same reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and with which doctor?			
Have you ever been a client of and/or has your pet ever had an appointment at Nipomo Dog and Cat Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Household Pets: (please include name, <i>cat</i> or <i>dog</i>, age, and <i>fixed</i> or <i>unfixed</i>)			
Required Documentation: (please choose one option per category & attach copies to this application)			
Proof of identification- drivers license, consular ID, military ID, or passport			
Proof of residency- utility bill, rental agreement, or mortgage statement			
Proof of income- bank statements for the past 3 months or last year's tax return			
Proof of having applied for/exhausted CareCredit- CareCredit statement or denial letter			
Source and Amount of Monthly Income:			
Employment: \$	SSI, GA, SSDI, Calworks, etc.: \$		
Unemployment: \$	Food stamps: \$		
Company/union pension pay: \$	Housing assistance: \$		
Disability: \$	Other sources: \$		
Income of Other Household Members: (if more than 2, continue on back)			
Name: Monthly income: \$ Source of income: Relationship to you:	Name: Monthly income: \$ Source of income: Relationship to you:		
Monthly Expenses: (please be as accurate as possible; proof may be required)			



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Rent/mortgage: \$	Bills (medical, car loan, etc.): \$
Household (insurance, utilities, etc.): \$	Other: \$
Other Questions:	
How much can you pay at the time of your appointment? \$	
If approved for a loan, how much can you pay back per month? \$	
Do you have any other resources that can help you pay for your pet's care (family members, friends, savings, etc.)? <input type="checkbox"/> Yes, amount: \$ <input type="checkbox"/> No	
How did you hear about the Animals In Need Fund?	

Please read and initial each line then sign and date at the bottom.

I hereby certify to the best of my knowledge that the above statements are true and correct. _____

I am legally the primary guardian of or have provided written permission from the primary guardian of the above named pet. _____

I authorize the Animals In Need Fund to verify the information provided. I understand that any statement that is found to be false may result in my disqualification from this program. _____

I understand that all of my intact pets must be spayed or neutered before I will receive any grant or loan funds. _____

I understand that, if I am approved, any provided funds are for this pet and this procedure only. I also understand that I will be required to reapply for any future care this pet may need. _____

I understand that I may only apply for this program for up to two pets. _____

I understand that I am responsible for paying any balance for the cost of care that is not covered by the provided grant or loan. _____

I understand that any provided funds will apply only to services at Nipomo Dog and Cat Hospital, have no cash value, and cannot be transferred to any other organization or veterinary practice. _____

I understand that if the approved amount exceeds the actual cost the procedure there will be no remaining balance under my account for future services. _____

I understand that I may be required to sign a promissory note for full or partial repayment and that if I do not follow through with said promissory payments I will not be eligible for further help from Animals In Need Fund and may face legal action. _____

Printed Name: _____



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Signature: _____

Date: _____

Office Use Only

<i>Status</i>		<i>Date</i>	
<i>Terms</i>			