

SAVE A PET FLORIDA, INC.
PO Box 2444
Palm Beach, FL 33480
561-835-9525 / saveapetflorida@gmail.com

Veterinary Aid Application

This application must be completed in full and returned as pdf documents to the email above along with your last 2 months bank statements. Include a digital photo (jpg) of your injured or sick pet. Failure to include these items will delay the processing of your application. We do not accept applications & bank statements in photo format (jpg).

Date: _____ Name of dog/cat requiring assistance: _____ Age: _____ Breed: _____

Client/Family Information

Owner & Co-owner Names: _____ Age _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: (work) _____ (home) _____ (cell) _____

Email address: _____ daily internet access? Yes No

Occupation: (Applicant) _____ (Co-Applicant): _____

How long have you worked at your current employer: _____

Total number of people living in home – Adults: _____ Children under 18: _____

Total number of pets/animals owned by the entire family: Dogs _____ Cats _____ Other _____

Are all dogs and cats in the home spayed/neutered? _____ If not, explain: _____

Are all dogs and cats in the home current on rabies and distemper vaccines? _____

Are you affiliated with a rescue group? _____

How did you learn about Save A Pet Florida? _____

Current Illness/Injury Information

Please describe the type of injury or illness _____

How was your pet injured? _____

Where will pet be treated? Local Vet Emergency Clinic Specialty/Referral Hospital

Veterinary Hospital Name and Phone Number _____

Office Manager or Veterinarian Name _____

Financial Information

Approximate Gross Annual Family Income (include both incomes if married or living together):

\$0 - \$10,000 \$10,000 - \$20,000 \$20,000 - \$30,000 \$30,000 - \$40,000 \$40,000 or more

Total monthly expenses: Housing _____ Itemize all other living expenses _____

Have you, a family member, or your rescue organization previously applied for financial assistance from Save A Pet Florida? Yes ___ No ___ If yes, when? _____

Have you applied for Care Credit at your veterinarian's office, online at www.carecredit.com or by calling 1-800-677-0718? _____ Result: _____ If not please apply.

Have you applied to any other organizations for assistance (e.g. imom, aaha, etc) _____

How much can applicant pay? _____ Can applicant pay with a credit card? _____ Estimated Vet bill _____

Please detail anything else that you wish the Board of Directors to consider when making its decision:

Patient Information

How did you acquire the dog/cat? Shelter/Rescue Stray Friend Family Neighbor Purchased

If purchased, from private breeder pet store other _____

How long have you had the pet? _____ Sex of pet: _____ Spayed/Neutered? Yes / No

The dog goes outside: On Leash Fenced Yard Kennel Tied Out Loose Always Inside Other _____

Where is the pet now? Home Local Vet Emergency Clinic Specialty/Referral Hospital Other _____

Name of your regular veterinarian/veterinary hospital _____

Veterinary Hospital Address _____

Veterinary Hospital Phone Number: _____

I certify that the above information is accurate to the best of my knowledge. I further certify that I am the owner of the dog/cat identified above.

Signature

Print Name

Veterinary Hospital Staff – Please complete this section

Office Manager / Veterinarian Name _____

Does Client follow recommendations for preventative care? _____

Diagnosis _____ Treatment Plan _____

Prognosis with treatment: excellent good guarded poor Prognosis if untreated _____

Date of treatment _____ Follow-up care required? If so describe, _____

Can you offer a payment plan? _____ Additional Information _____

For Save A Pet use only:

Amount of Offer _____ Case Worker _____

Date Vet Invoice received _____ Amount of invoice _____

Amount pd _____ Check Number _____ or pd by CC _____ Date _____

Date Photo received _____ Date proof of income received _____ Type _____