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| For Office Use Only: Date Approved: _____ Contacted Vet: _____ Amount Approved: _____ Current Account Balance: _____ |
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Public Veterinary Assistance Fund Application

Instructions:

1. Please read our Frequently Asked Questions page on our website before applying.
2. Please PRINT clearly.
3. NOTE*** Incomplete applications will not be considered. You must complete the entire application to be considered for funding assistance.
4. Whenever possible, email will be the primary form of communication regarding your application. If you require another form of communication, please indicate.
5. Treatment must begin within 14 days of application approval, or have occurred no more than 7 days before application submittal.

I have read and understand the guidelines, instructions, and requirements. I further understand that while the Public Veterinary Assistance Fund does its best to respond to each application, it is still my responsibility to seek medical treatment for my pet as needed.

Name of Owner: _____

Address: _____ Apt. _____

City: _____ Zip: _____

Email: _____

Phone: _____

Alternate Phone: _____

Referred by: _____

Pet Name: _____ Male Female Age: _____

Species: Dog Cat Breed: _____ Color: _____

Is your pet licensed: Yes No

Pet License #: _____ City of License: _____

Is your pet spayed or neutered: Yes No

Have you applied to Care Credit? Yes No

www.carecredit.com 1-866-893-7864

Has a veterinarian examined your pet for this illness or injury? Yes No



What veterinarian or clinic has seen your pet for this illness or injury?

What is the estimated cost of treatment for this illness or injury?

\$ _____

Describe your pet's injury or illness; how long the animal has been sick, and the cause of the injury of the illness, if known: _____

If you do not qualify for the Public Veterinary Medical Assistance Fund, what is your plan for this pet? Please explain: _____

I verify that the above information is correct and true to the best of my knowledge. I also understand by submitting this application I may not be granted funding through this program, and that this funding is only available one time per household. The Auburn Valley Humane Society has my permission to use provided photographs and information for promotional and grant reporting purposes.

Signature: _____ Date: _____

Required supplementary documents:

1. Please attach a quote or receipt from an AVHSVetPartners veterinarian.
2. Please attach proof of low income, or student status with your application.
3. Please provide a photo of the pet requiring treatment. If you need assistance obtaining a photo, please visit the AVHS shelter or ask your veterinarian.

Submit Application and Supplementary Documents to:

Auburn Valley Humane Society
Attention: Special Programs
4910 A St. SE
Auburn WA 98092
253-249-7849

info@auburnvalleyhs.org
Subject Line: Public Veterinary Assistance
Fund