



222 Church St North Concord, NC 28025 F: 704 –782 –0487
www.thesplashpawfoundation.org
www.facebook.com/TheSplashpawFoundation
A 501(c)3 corporation

Application for Assistance for Veterinary Medical Financial Assistance – 2016
To be completed by Veterinarian or Veterinarian Employee

Owner's Name: _____ Age: _____ Date: _____

Address: _____

Email: _____ Phone #: _____

Pet: (check one) Dog _____ Cat _____
 Male or Female

Name of Pet & age of pet: _____

Name of Animal Hospital where treatment will be rendered: _____

Hospital Primary Point of Contact: _____

Name of Veterinarian: _____

Is this procedure an Emergency, if not; what is the recommended time frame of procedure by Doctor: ____

Medical issue, recommended course of treatment and general prognosis: _____

Extenuating circumstances which require financial assistance: _____

Cost of Services: _____
Has the client applied for care credit? _____

Amount client can pay: _____

Veterinarian Hospital staff Name & signature: _____

Guidelines

1. We are only Veterinarian referred. Your veterinarian shall submit the application for consideration of a financial grant.
2. Recipient shall be a resident of Cabarrus or Rowan Counties.
3. Funds are limited due to we rely 100% on donations and fundraising events. Owners are expected to contribute towards the treatment of their pet.
4. Grants are awarded as funds are available and all funds shall be paid directly to the Veterinary Hospital.
5. Pet Owner to apply for Care Credit prior to making application for this grant.
6. Pet Owner is required to pay for initial visit to determine course of treatment.
7. Pet shall be current on all vaccinations or shall pay for vaccinations during this course of treatment.
8. If a surgical procedure, by receiving help from Splashpaw, the owner consents to a spay or neuter if the it does not interfere with the primary reason for surgical treatment.
9. Priority is given to senior citizens with pets, mass removals, medication, urinary / kidney infections and euthanasia. Priority is also given to pets that, if they receive the procedure or treatment, then they would have an excellent prognosis of full recovery.
10. If grant is awarded the owner is willing to allow The Splashpaw Foundation, Inc to use information, photo's, or video's for promotional material.
11. If grant is awarded the owner shall agree to hold The Splashpaw Foundation, Inc and its Board of Directors harmless for matters arising from course of treatment or services provided.

Owner's Name and Signature: _____

Date: _____

Submit application via any of the following methods:

Via email to: ginger@splashpaw.com

Photograph / text to 704.796.9501.