# THE GRIMACE FUND

## EMERGENCY VETERINARY ASSISTANCE GRANT PROGRAM

### APPLICATION FOR VETERINARY MEDICAL ASSISTANCE

The Ginger Cat Project provides financial assistance to eligible pet owners experiencing an unexpected veterinary medical expense involving a senior or medically needy pet. Our goal is to help keep beloved pets with the people who love them when an unexpected medical expense creates a financial hardship.

Completion of this application does not guarantee assistance. Grants are subject to eligibility requirements, available funds, and the organization's grant review process.

### SECTION 1 — APPLICANT INFORMATION

Applicant Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email _____

Preferred method of contact: ☐ Phone ☐ Email ☐ Text

Are you the owner or legal caregiver of the pet? ☐ Yes ☐ No

How long have you cared for this pet? _____

Have you previously received assistance from The Ginger Cat Project? ☐ Yes ☐ No

If yes, approximately when? _____

### SECTION 2 — PET INFORMATION

Pet's Name _____

Species ☐ Dog ☐ Cat ☐ Other: _____

Breed/Mix _____ Age _____

Sex ☐ Male ☐ Female Spayed/Neutered? ☐ Yes ☐ No ☐ Unknown

Approximately when did you adopt/acquire the pet? _____

Where did you obtain/adopt the pet? _____

Does the pet have any known chronic or pre-existing medical conditions? ☐ Yes ☐ No
If yes, please briefly describe:

Where does the pet receive primary veterinary care?

Primary Veterinary hospital/clinic

Veterinarian

Phone

Date of last veterinary "wellness" visit

## SECTION 3 — VETERINARY EMERGENCY

Veterinary hospital/clinic treating current condition

Veterinarian

Phone

Date of veterinary visit for emergent condition

What happened that caused your pet to require veterinary care?
Please describe the emergency or medical condition in your own words.

Has a diagnosis been made? ☐ Yes ☐ Diagnosis is pending
If known, please provide the diagnosis:

What treatment has been recommended or provided? Please provide a copy of the treatment plan if available.

Current treatment status:

☐ Treatment has already been completed
☐ Treatment is currently underway
☐ Treatment is recommended but has not yet been performed
☐ Ongoing treatment/follow-up is required

How urgent is the treatment?

☐ Emergency/life-threatening
☐ Treatment needed within 24 hours
☐ Treatment needed within 2–7 days
☐ Treatment needed within 30 days
☐ Ongoing treatment

What is the expected prognosis, if known?

_____

_____

## SECTION 4 — VETERINARY EXPENSE

Total estimated or actual veterinary expense $ _____

Amount already paid $ _____

Amount currently owed $ _____

Amount requested from The Ginger Cat Project $ _____

Amount you are able to contribute toward this expense $ _____

Please attach an itemized veterinary estimate, invoice, or statement whenever available.

## SECTION 5 — FINANCIAL NEED

Please briefly describe how this unexpected veterinary expense has affected your ability to pay for your pet's care.

_____

_____

_____

Approximate annual household income:

☐ Under $25,000
☐ $25,000–$49,999
☐ $50,000–$74,999
☐ $75,000–$99,999
☐ $100,000 or more
☐ Prefer not to answer

Number of people in your household _____

Other pets in your household _____

## SECTION 6 — OTHER SOURCES OF ASSISTANCE

Have you contacted other organizations for assistance with this veterinary expense? ☐ Yes ☐ No

If yes, please identify the organization(s) and amount requested or received:

_____

Have you discussed payment options (including CareCredit) or financial assistance with the veterinary provider? ☐ Yes ☐ No

Have you created a fundraising campaign for this expense? ☐ Yes ☐ No

If yes, approximately how much has been raised? $_____

Are you using pet insurance? ☐ Yes ☐ No ☐ Not applicable

If yes, approximately how much is expected to be reimbursed? $_____

## SECTION 7 — YOUR GRANT REQUEST

Why are you requesting assistance from The Ginger Cat Project?

Please tell us about your pet and how this grant would help.

_____

_____

_____

_____

If The Ginger Cat Project is unable to provide the full amount requested, would you still be able to proceed with the recommended treatment? ☐ Yes ☐ No ☐ Unsure

## SECTION 8 — SUPPORTING DOCUMENTATION

Please provide, when available:

☐ Veterinary estimate or invoice
☐ Itemized statement of veterinary charges
☐ Diagnosis or treatment recommendation
☐ Documentation showing the amount currently owed
☐ Other supporting documentation: _____

The Ginger Cat Project may contact the veterinary provider to verify information contained in this application.

## SECTION 9 — OPTIONAL SOCIAL MEDIA CONSENT

We love sharing stories about the senior and medically needy pets whose lives are touched by our supporters. With your permission, The Ginger Cat Project may share your pet's name and information about the assistance provided through our social media, website, newsletter, or other public communications.

**May we share your pet's name and the fact that The Ginger Cat Project provided veterinary assistance?**

☐ Yes, I give permission. ☐ No, please keep this information private.

If you give permission, we may also share a photo of your pet that you provide to us.

**May we share a photo of your pet?** ☐ Yes ☐ No

I understand that this permission is voluntary and that choosing not to give permission will **not affect my eligibility for or receipt of assistance**. I may withdraw my permission for future use at any time by contacting The Ginger Cat Project.

## SECTION 10 — APPLICANT CERTIFICATION AND AUTHORIZATION

By signing below, I certify that:

- The information provided in this application is true and accurate to the best of my knowledge.
- I am the owner or authorized caregiver of the pet identified in this application.
- I understand that submitting an application does not guarantee financial assistance.
- I understand that grants are subject to eligibility requirements and available funds.
- I authorize The Ginger Cat Project to contact the veterinary provider(s) identified in this application for the limited purpose of verifying the veterinary condition, recommended treatment, status of treatment, and associated costs.

- I understand that The Ginger Cat Project may request additional documentation before making a grant decision.
- I understand that, when appropriate, grant funds will be paid directly to the veterinary provider rather than to me.
- I understand that providing false or misleading information may result in denial of assistance or repayment of funds.
- I understand that if the treatment is not performed, any grant money provided must be returned to The Ginger Cat Project.

Applicant Signature _____

Printed Name _____

Date _____

## FOR OFFICE USE ONLY

Application received _____

Documentation complete: ☐ Yes ☐ No

Veterinary provider verified: ☐ Yes ☐ No ☐ N/A

Grant amount requested $_____

Grant amount approved $_____

Decision date _____

Decision ☐ Approved ☐ Partially Approved ☐ Denied ☐ Pending Information

Payment made to _____

Payment type _____

Payment date _____