



Brooke Davis Angel Fund

Financial Assistance Application Packet

The Brooke Davis Angel Fund serves families of all backgrounds and beliefs. Assistance is based solely on financial need and veterinary medical necessity. No religious participation or affiliation is required to receive help.

Financial Assistance Application Packet

- Please read all sections carefully.
- Applicants must initial and sign where indicated.
- Incomplete packets will not be reviewed.

Applicant Checklist

- ✓ Terms & Conditions for One-Time Financial Assistance
- ✓ Applicant Information
- ✓ Privacy Policy
- ✓ Social Media Consent
- ✓ Applicant Veterinary Medical Records Authorization & Release
- ✓ Veterinary Medical Records Authorization
- ✓ Veterinarian Estimate

Application Submission Checklist (Applicant Initials Required below):

- ____ Section 1 and Section 1A – BDAF Application Terms and Conditions
- ____ Section 2 – Application and copy of a valid Government Issued Identification
- ____ Section 3 – Privacy Policy
- ____ Section 4 – Social Media Consent
- ____ Section 5 – Applicant Veterinary Medical Release Authorization
- ____ Section 6 – Veterinary Medical Release Authorization
- ____ Estimate for Treatment

ANY APPLICATIONS MISSING REQUIRED INFORMATION WILL NOT BE CONSIDERED

BDAF APPLICATION GRANT AGREEMENT | Created: 11/01/2023 | Revised and Adopted: 2/26/2026 | Version 4

Brooke Davis Angel Fund Incorporated | 501(c)(3) Nonprofit | EIN: 92-2493367 | P.O. Box 161, Callahan, FL 32011-8777
754-444-1412 | bdangelfund@gmail.com | <https://BrookeDavisAngelFund.org>

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Completed packets must be emailed to: BDAngelFund@gmail.com

Section 1 – BDAF Application Terms and Conditions

The Brooke Davis Angel Fund (BDAF) is a volunteer-run 501(c)(3) nonprofit organization established in honor of Dr. Brooke Davis. Through the generosity of our donors, BDAF is able to provide **limited, one-time financial assistance through your pet’s veterinarian** for qualifying for **non-emergent veterinary medical care**.

We understand that every pet parent — and every pet — may face unexpected and challenging times. When funding allows, BDAF may be able to help with illnesses, injuries, medications, and other **non-emergent medical needs** for board-approved applicants.

BDAF **cannot provide financial assistance for emergency or urgent care**, including, but not limited to: life-threatening conditions, emergency visits, lab testing, broken limbs, dentals, spay/neuter procedures, vaccinations, boarding, foster care, food, supplies, or equipment.

All funds distributed by BDAF are donated funds, and **grant amounts are limited**. Financial assistance **cannot be guaranteed to every applicant**. To be considered, a completed application **along with all required documentation** must be submitted to BDAngelFund@gmail.com so that the BDAF Board of Directors may review your request.

If an application is approved, **grants are paid directly to the attending veterinary clinic or hospital** and are **never issued directly to pet parents, applicants, rescuers, or caretakers**. As part of the application process, a **written estimate for recommended diagnostics and/or treatment is required**. Applications submitted without a veterinary estimate will not be reviewed, and no funds will be issued.

BDAF reserves the right to contact the attending or referring veterinary clinic or hospital to verify estimates, obtain additional information, or clarify medical recommendations prior to issuing any grant on behalf of an applicant’s pet.

By completing and signing this form (Section 1 – BDAF Application Terms and Conditions), you are agreeing to the terms and conditions listed by BDAF for the application and approval process.

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Section 1A – BDAF Application Terms and Conditions – Applicant Signature

Date: _____

Print (Full name as it appears on your Government Issued Driver's License or Identification Card):

Signature: _____

Pet's Name: _____

Pet's Species (circle one):

Canine (Dog) Feline (Cat) Other - Please specify: _____

Pet's Breed: _____

Pet is (Circle One):

Male Female Male Neutered Female Neutered (spayed)

Pet's Age: _____ Pet's Color(s): _____

** Provide a copy of your government issued Driver's License, State issued Identification Card and/or Military Issued Identification Card**

(Applications will not be considered without a copy of a valid Government issued Driver's License, State issued Identification Card and/or Military issued Identification Card.)

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Section 2 – Applicants Information

Print (Full name as it appears on your Government Issued Driver’s License or Identification Card):

Date of Birth (MM/DD/YYYY): _____

Street Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

** Provide a copy of your government issued Driver’s License, State issued Identification Card and/or Military Issued Identification Card**

(Applications will not be considered without a copy of a valid Government issued Driver’s License, State issued Identification Card and/or Military issued Identification Card.)

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Section 3: Privacy Policy for Brooke Davis Angel Fund (BDAF) Grant Applicants

Brooke Davis Angel Fund (BDAF)

The Brooke Davis Angel Fund (BDAF) respects your privacy and is committed to protecting the personal information you share with us when applying for financial assistance.

Information We Collect

When you apply for a grant, BDAF may collect personal and sensitive information, including but not limited to:

- Applicant name, address, date of birth, phone number, and email address
- Pet information and veterinary medical details
- Veterinary estimates, invoices, and treatment recommendations
- Copies of government-issued identification
- Communications between you, your veterinarian, and BDAF

This information is collected solely to help the BDAF Board of Directors understand your request and determine eligibility for financial assistance.

How Your Information Is Used

Information provided in your application is used only to:

- Review and evaluate grant applications
- Communicate with applicants and veterinary clinics or hospitals
- Verify veterinary estimates and medical information
- Administer approved grants
- Maintain records required for nonprofit, IRS, and audit purposes

Sharing of Information

BDAF does **not** sell, rent, or trade personal information.

Your information may be shared **only** with:

- BDAF Board members or authorized volunteers involved in application review
- The attending or referring veterinary clinic or hospital
- Service providers assisting with nonprofit operations (as required)
- Government or regulatory authorities if required by law

Veterinary Medical Information

Veterinary medical information is shared only with the applicant's authorization and is used strictly for the purpose of evaluating eligibility for financial assistance. BDAF may contact veterinary clinics or hospitals to verify estimates, treatment plans, or medical notes related to an application.

Data Protection

BDAF takes reasonable steps to safeguard applicant information and limits access to authorized individuals who have a legitimate need to review application materials.

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Public Sharing & Social Media

Pet stories or photos are shared publicly **only if the applicant has provided written consent** through the Social Media Consent section of the application. Declining consent does not affect eligibility for financial assistance.

Retention of Records

Application records may be retained as required for nonprofit recordkeeping, financial reporting, and audit purposes, even if assistance is not approved.

Your Acknowledgment

By submitting an application for financial assistance, you acknowledge that you have read and understand this Privacy Policy and consent to the collection and use of your information as described above.

Questions

If you have questions about this Privacy Policy or how your information is handled, please contact:

Brooke Davis Angel Fund

✉ BDAngelFund@gmail.com

🌐 <https://BrookeDavisAngelFund.org>

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Section 4: Applicants Social Media Consent

The Brooke Davis Angel Fund (BDAF) uses storytelling and shared experiences to raise awareness, honor the legacy of Dr. Brooke Davis, and help support animals in need of veterinary medical care.

By granting permission, I authorize the Brooke Davis Angel Fund to use photos, images, and general information about my pet for awareness, educational, and fundraising purposes. This may include, but is not limited to, use on the BDAF website, social media platforms, banners, flyers, marketing materials, and other public-facing communications.

I understand and acknowledge that:

- My personal identifying information will not be disclosed or shared
- My last name will not be used in public materials
- Any shared content will focus on my pet's story and BDAF's mission
- Consent may be revoked in writing for future use only and does not apply retroactively

I further understand and agree that:

- BDAF is not responsible for any future illnesses, injuries, or medical conditions of my pet
- BDAF's financial responsibility is limited solely to the amount approved by the BDAF Board of Directors
- BDAF cannot guarantee coverage of the full veterinary estimate, as all assistance is donor-funded and limited

Granting or declining permission for social media use does not impact eligibility for financial assistance.

By signing below, I confirm that I have read, understand, and agree to the terms outlined in this Social Media Permission & Waiver in Section 4 of the application. Select one option.

Date: _____ Printed Name: _____

Signature: _____

Social Media Consent (Initial ONE option below):

YES – I grant permission for BDAF to use my pet's story/photos: Initials _____

NO – I do NOT grant permission for BDAF to use my pet's story/photos: Initials _____

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Section 5: Applicant Authorization for Release of Veterinary Medical Records

(To be completed by the applicant)

I authorize the attending or referring veterinary clinic or hospital to release and discuss veterinary medical records related to my animal with the Brooke Davis Angel Fund (BDAF) Board of Directors or authorized representatives for the sole purpose of evaluating eligibility for financial assistance.

This authorization may include, but is not limited to, diagnoses, treatment notes, estimates, invoices, and recommended treatment plans.

This authorization is valid for ninety (90) days from the date of signature and may be revoked in writing, except to the extent that action has already been taken in reliance upon it.

Date: _____

Print (Full name as it appears on your Government Issued Driver's License or Identification Card): _____

Signature: _____

Pet's Name: _____ Pet's Age: _____

Pet's Species: _____

Pet's Breed: _____

Pet's Color(s): _____

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Section 6: Veterinary Medical Records Authorization & Release (Veterinarian)

(To be completed by the attending veterinarian or authorized clinic/hospital representative — not by the applicant)

The undersigned licensed veterinarian or authorized representative of the veterinary clinic or hospital is authorized to release and discuss veterinary medical records related to the animal identified in this application with the Brooke Davis Angel Fund (BDAF) Board of Directors or authorized representatives.

This authorization includes, but is not limited to:

- Medical records and treatment notes
- Diagnoses and prognoses
- Treatment plans and recommendations
- Veterinary estimates and invoices

The information released may be used **solely** for the purpose of evaluating eligibility for financial assistance and administering any approved grant.

This authorization is provided at the request of the applicant and with the applicant's consent. The veterinary clinic or hospital is released from any liability associated with the good-faith disclosure of veterinary medical information to BDAF as authorized herein.

This authorization is valid for **ninety (90) days** from the date of signature below, unless revoked in writing, except to the extent that action has already been taken in reliance upon it.

Veterinarian Case Narrative & Recommendation

Please include any additional information you believe may be helpful to the BDAF Board in understanding this case. This section is optional and may be left blank if the medical records and estimate fully explain the recommendation.

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Veterinary Clinic / Hospital Name:

Address:

Phone: _____

Email: _____

Website: _____

Estimated Treatment Plan and/or cost estimate has been provided and included

Date: _____

Attending Veterinarian Name: _____

Attending Veterinarian Signature: _____

Attending Veterinarian or Clinic Representative: (if signed by Veterinarian above, may be left blank).

Authorized Person's Printed Name: _____

Authorized Person's Title: _____

Authorized Person's Signature: _____