



Application to receive funds from Paw Philanthropy.

Date of application _____

Name of person applying _____

Name of dog needing help _____ Breed of dog _____

Mailing address _____

City _____ State _____ Zip _____ Phone number _____

Veterinary Hospital and name of Primary Veterinarian _____
Phone number _____

1- What is the nature of your dog's injury or illness?

2- Do you have accounts in any other charitable systems (GoFundMe, etc.)

*Please note that having other sources of donations will not eliminate your application. **Yes/No** If yes, please list.

3- Are the funds you are inquiring about needed for an upcoming surgery or treatment, or has the medical care already been given?

4- Do you have an Instagram and/or Facebook account? If yes, please list

5- Where did you learn of Paw Philanthropy?

*Please note: To ensure due diligence and Paw Philanthropy's future and continued success, we ask that you agree to our process and rules. Your dog's veterinarian will be contacted in order to validate the information provided in your application. If your application is approved, all monies from Paw Philanthropy

to be donated to your dog's medical expenses will be paid DIRECTLY to your veterinarian/veterinary hospital.

Please check "Yes" and sign to agree to the above

Yes Signature _____ Date _____