



## Paw Philanthropy Application

Date of application \_\_\_\_\_

Name of Person Applying \_\_\_\_\_

Owner (s) First and Last Name:

\_\_\_\_\_  
\_\_\_\_\_

Address: (Number, Street, City, State, and Zip Code)

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer (if currently working): \_\_\_\_\_

Work Phone: \_\_\_\_\_

### **ABOUT THE DOG**

Dog's  
Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Yes / \_\_\_\_\_ No Vaccines Current: \_\_\_\_\_ Yes / \_\_\_\_\_ No

Dog's Birthday: \_\_\_\_\_ Acquired Pet From: \_\_\_\_\_

Pet Insurance: \_\_\_\_\_ Yes / \_\_\_\_\_ No

### **VETERINARIAN/TREATMENT**

Has your Dog been seen by a veterinarian and diagnosed with an emergency?

\_\_\_\_\_ Yes / \_\_\_\_\_ No

Name of Veterinary Hospital and Primary Veterinarian and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have accounts in any other charitable systems? (We highly support other sources of donations such as GoFundMe accounts)

\_\_\_\_\_  
\_\_\_\_\_

Nature of Financial Hardship (Please be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

Where did you learn of Paw Philanthropy?

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Have you applied to Paw Philanthropy Before: \_\_\_\_\_ Yes / \_\_\_\_\_ No

When (Date): \_\_\_\_\_ If yes, were you: \_\_\_\_\_ approved or/ \_\_\_\_\_ not approved

**AGREEMENT**

I declare that I have exhausted all alternative options available to me for financial assistance, however, I agree to reimburse the Paw Philanthropy for any funds received upon a change in my financial circumstances. In addition, I hereby assign to the Paw Philanthropy all rights to any amounts received from insurance or other source of recovery related to this matter. I do not operate any form of breeding facility for profit and agree to provide any documents needed in support of this request. I understand that the Paw Philanthropy is not responsible for the treatment and/or result of any veterinary services provided and hereby waive any and all claims for liability against the Paw Philanthropy, and that the Paw Philanthropy hereby reserves the right to deny a Request for Financial Assistance to anyone for any reason. I understand that Paw Philanthropy is not financially responsible for charges incurred at the treating veterinary hospital prior to the submission of this application. I understand that if I am approved for funding, I am not automatically approved for any further assistance. I authorize the Paw Philanthropy to use my and/or my pet’s photograph and any information relating to the payment of funds pursuant to this application for any purpose. I understand and agree for Paw Philanthropy to contact and validate the information provided. I acknowledge that approved funds will be paid DIRECTLY to my veterinarian/veterinary hospital. I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge. I also agree that any funds provided and not used will be transferred back to Paw Philanthropy from the Veterinary Hospital or Vet.

Please check “Yes” and sign to agree to the above

**Yes:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

