



Application Form

STEPS:

1. Owner completes Section 1 of PawSum Pet Assistance Application Form.
 2. Veterinarian completes Section 2 of the PawSum Pet Assistance Application Form, including providing a written cost estimate on letterhead.
 3. Completed PawSum Pet Assistance Application can be emailed to **PawSumAssistance@yahoo.com**
 4. PawSum Pet Assistance will review application and contact owner with decision.
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SECTION 1: TO BE COMPLETED BY ANIMAL OWNER

Owner's Name: _____

Phone Number(s): _____

Email Address: _____

Animal's Name: _____

Animal Breed: _____

Describe the pet's condition and urgency of care and reason for requesting assistance.

Estimated Treatment Cost: \$ _____

Amount Requested from PawSum Pet Assistance: \$ _____

I authorize PawSum Pet Assistance to contact my vet to verify information.

By signing this application, I agree that all the above statements and information are true and accurate. If asked to provide additional information, I agree to work with and communicate with the PawSum Pet Assistance committee.

Owner's Signature: _____

Today's Date: _____

Confidentiality: Any information received by PawSum Pet Assistance under this Application shall be treated as confidential and may be disclosed only to persons or authorities (including courts and administrative bodies) in jurisdiction of the Contracting Party concerned with the assessment or collection of the information. Such person or authorities shall use such information only for such purposes. They may disclose the information in public court proceedings or in judicial decisions. The information may not be disclosed to any other person or entity or authority or any other jurisdiction without the express consent of the competent authority of the requested Party.

Office Use: Application ID: _____



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SECTION 2: TO BE COMPLETED BY TREATING VETERINARIAN

Treating Veterinarian's Name: _____

Office Address: _____

Phone Number: _____

Animal's Medical Needs:

Animal's Medical Prognosis:


Please attach a copy of a written cost estimate on letterhead for the necessary procedure/ treatment plan, including the veterinarian medical license number.


Documentation can be emailed to: PawSumAssistance@yahoo.com



PawSum Pet Assistance is managed by Door County Therapy Dog Teams, Inc., a 501(c)3 organization that brings comfort, happiness, and healing to people of all ages while increasing public awareness and education regarding pet-provided therapy opportunities.

 PawSumAssistance@yahoo.com

 920.495.2434

 www.doorcountytherapydogteams.com/pawsum-pet-assistance

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