

Bingo Pet Hospice Financial Assistance Application

PERSONAL INFORMATION

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Pet's Name _____ Date of Birth ____/____/____ Spayed/Neutered Y N

Feline Canine Breed _____ Male Female

How long have you cared for this animal? _____

VETERINARIAN INFORMATION (TO BE COMPLETED BY VETERINARIAN OFFICE)

Veterinarian Organization & Doctor Name _____

Address _____

_____ Phone _____

Contact Email _____

Problem/Diagnosis _____

Treatment Requested _____

Estimated Cost of Procedure \$ _____ monthly \$ _____ one-time cost

Medication \$ _____ monthly \$ _____ one-time cost

Other \$ _____ monthly \$ _____ one-time cost

Has Treatment Started? Y N Describe: _____

Client Outstanding Balance? \$ _____

Please include a detailed estimate of the costs associated with the procedure and/or medications. Funding will be based on this estimate and any amounts above the estimate will be the responsibility of the Client.

Veterinarian Authorized Signature _____

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FINANCIAL INFORMATION

How many members in your household _____

Number of dependents _____

Household Income \$ _____

Other Pets in Household:	Name _____	Canine	Feline
	Name _____	Canine	Feline
	Name _____	Canine	Feline
	Name _____	Canine	Feline
	Name _____	Canine	Feline

Please attach appropriate qualifying documents:

- 1) Most recent Federal Tax Return
- 2) Two most recent pay stubs from primary and secondary adult (if applicable)

Details and amounts of income or assistance you currently receive:

Unemployment \$ _____ Social Security \$ _____ Disability \$ _____

Child Support/Alimony \$ _____ Pension/Retirement \$ _____ Other \$ _____

* Supporting documents will not be returned so please enclose photocopies. Feel free to black out social security numbers and account numbers. Information provided will remain confidential.

Are you receiving any other financial assistance? Y N If yes, from who and how much awarded? _____

Are there any other factors that we should take into consideration in evaluating your need for assistance? _____

ACKNOWLEDGEMENT

I acknowledge by my signature below that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I understand that funds granted will be given directly to the veterinarian who will perform/provide the service for our pet. In addition, I grant permission to Bingo Pet Hospice to use any information and photos pertaining to our pet for promotional purposes, including but not limited to, fundraising and public relations.

Signature _____ Date _____