

**SAVE A PET FLORIDA, INC.**  
**PO Box 2444**  
**Palm Beach, FL 33480**  
**561-835-9525 / saveapetflorida@gmail.com**

**Veterinary Aid Application**

**This application must be completed in full and returned as pdf documents to the email above along with your last 2 months bank statements. Include a digital photo (jpg) of your injured or sick pet. Failure to include these items will delay the processing of your application. We do not accept applications & bank statements in photo format (jpg).**

Date: \_\_\_\_\_ Name of dog/cat requiring assistance: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

**Client/Family Information**

Owner & Co-owner Names: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_ daily internet access? Yes No

Occupation: (Applicant) \_\_\_\_\_ (Co-Applicant): \_\_\_\_\_

How long have you worked at your current employer: \_\_\_\_\_

Total number of people living in home – Adults: \_\_\_\_\_ Children under 18: \_\_\_\_\_

Total number of pets/animals owned by the entire family: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

Are all dogs and cats in the home spayed/neutered? \_\_\_\_\_ If not, explain: \_\_\_\_\_

Are all dogs and cats in the home current on rabies and distemper vaccines? \_\_\_\_\_

Are you affiliated with a rescue group? \_\_\_\_\_

How did you learn about Save A Pet Florida? \_\_\_\_\_

**Current Illness/Injury Information**

Please describe the type of injury or illness \_\_\_\_\_

\_\_\_\_\_

How was your pet injured? \_\_\_\_\_

Where will pet be treated?  Local Vet  Emergency Clinic  Specialty/Referral Hospital

Veterinary Hospital Name and Phone Number \_\_\_\_\_

Office Manager or Veterinarian Name \_\_\_\_\_

**Financial Information**

Approximate Gross Annual Family Income (include both incomes if married or living together):

\$0 - \$10,000  \$10,000 - \$20,000  \$20,000 - \$30,000  \$30,000 - \$40,000  \$40,000 or more

Total monthly expenses: Housing \_\_\_\_\_ Itemize all other living expenses \_\_\_\_\_

\_\_\_\_\_

Have you, a family member, or your rescue organization previously applied for financial assistance from Save A Pet Florida? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Have you applied for Care Credit at your veterinarian's office, online at [www.carecredit.com](http://www.carecredit.com) or by calling 1-800-677-0718? \_\_\_\_\_ Return your Care Credit acceptance/denial letter with this application.

Have you applied to any other organizations for assistance (e.g. imom, aaha, etc) \_\_\_\_\_

How much can applicant pay? \_\_\_\_\_ Can applicant pay with a credit card? \_\_\_\_\_ Estimated Vet bill \_\_\_\_\_

Please detail anything else that you wish the Board of Directors to consider when making its decision:

**Patient Information**

How did you acquire the dog/cat? Shelter/Rescue Stray Friend Family Neighbor Purchased

If purchased, from private breeder pet store other \_\_\_\_\_

How long have you had the pet? \_\_\_\_\_ Sex of pet: \_\_\_\_\_ Spayed/Neutered? Yes / No

The dog goes outside: On Leash Fenced Yard Kennel Tied Out Loose Always Inside Other \_\_\_\_\_

Where is the pet now? Home Local Vet Emergency Clinic Specialty/Referral Hospital Other \_\_\_\_\_

Name of your regular veterinarian/veterinary hospital \_\_\_\_\_

Veterinary Hospital Address \_\_\_\_\_

Veterinary Hospital Phone Number: \_\_\_\_\_

**I certify that the above information is accurate to the best of my knowledge. I further certify that I am the owner of the dog/cat identified above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Veterinary Hospital Staff – Please complete this section**

Office Manager / Veterinarian Name \_\_\_\_\_

Does Client follow recommendations for preventative care? \_\_\_\_\_

Diagnosis \_\_\_\_\_ Treatment Plan \_\_\_\_\_

Prognosis with treatment: excellent good guarded poor Prognosis if untreated \_\_\_\_\_

Date of treatment \_\_\_\_\_ Follow-up care required? If so describe, \_\_\_\_\_

Can you offer a payment plan? \_\_\_\_\_ Additional Information \_\_\_\_\_

**For Save A Pet use only:**

Amount of Offer \_\_\_\_\_ Case Worker \_\_\_\_\_

Date Vet Invoice received \_\_\_\_\_ Amount of invoice \_\_\_\_\_

Amount pd \_\_\_\_\_ Check Number \_\_\_\_\_ or pd by CC \_\_\_\_\_ Date \_\_\_\_\_

Date Photo received \_\_\_\_\_ Date proof of income received \_\_\_\_\_ Type \_\_\_\_\_