



Application for Grants

Name of Pet Owner: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Name of regular veterinarian or any other veterinarian who has treated your pet for this condition: _____

Diagnosis: _____

- I have applied for Care Credit
 I got credit for \$ _____
 I did not get credit

I am asking Vet-I-Care for a donation of \$ _____

I am the legal owner of _____
Pet's Name

- Please submit: Copy of last year's tax return filed with the IRS
 Proof of Social Security or Disability income, if applicable

I attest that the information I have provided to Vet-I-Care is accurate and complete. I give my consent for the above mentioned medical care. I understand that Vet-I-Care assumes no liability and makes no assurances as to the appropriateness, quality or outcome of any medical diagnosis, treatment, products or services. I consent to allow Vet-I-Care the use of any pictures and description of medical care for the purposes of promotion and fundraising. Grants are subject to the funds available.

Signature _____ Date: _____

You may mail to Vet-I-Care, PO Box 41, Clarksburg, NJ 08510, fax to 609-223-1537, or email to info@vet-i-care.org

- Vet-I-Care use only:
 Received estimate from veterinarian
 Received doctor form