



PO Box 41
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www.vet-i-care.org

Clinician Form for Vet-I-Care Grants

Doctor's Name: _____ Date: _____

Client's Name: _____ Patient's Name: _____

- Client has applied for Care Credit
 - client received approval for \$_____
 - client got denied credit (show proof)
- Client has left a deposit for what they can
- Patient has a good prognosis
- Estimate for care is attached to this form and is in the amount of \$_____

Please describe the pet's problem and treatment plan (use the back if necessary):

Approval of Attending Clinician: _____
Signature of Clinician

Approval by Vet-I-Care: _____
Signature of Board Member

Denied by Vet-I-Care: _____
Signature of Board Member

Reason for denial of funds:

Grants are up to \$1,000; owner is responsible for the balance.
\$250 is the most for emergency cases not being referred to a specialist.