



## 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 [eschuck@vet-i-care.org](mailto:eschuck@vet-i-care.org)

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Vet-I-Care use only:

- Received estimate from veterinarian
- Received doctor form