FACE Foundation

Request for Financial Assistance

______________________________ ______________________________ ______________________________

Owner Name(s) | Home Address ☐own ☐rent | Home/Cell Phone

Owner Email ______________________________ | Employer (if currently working) ______________________________ | Work Phone ______________________________

Pet's Name ______________ ☐M ☐F | Ownership Duration ______________ | Pet's Birthday ______________ | Pet Insurance? ☐Y ☐N

Breed ______________________________

Spayed/Neutered? ☐ Y ☐N

Vaccines Current? ☐ Y ☐N

Acquired pet from: ______________________________

Is your pet in need of dental work? ☐Y ☐N

Policy #: ______________________________

Annual Household Income: ______________________________

Number of adults in household: ______________________________

Number of children in household: ______________________________

Monthly rent/mortgage: ______________________________

Nature of Financial Hardship (please be specific):

____

____

Financial Assistance (if currently receiving any): ______________________________

____

FACE believes in "paying it forward." What monthly donation will you pledge to help us save more pets: $ ______________

I have exhausted all options available to me for financial assistance for the treatment of my pet. I agree to provide all financial information requested in support of this request. I understand that the Foundation is not financially responsible for any charges incurred prior to the submission of this application. I hereby assign to the Foundation all rights to any amounts received from insurance or any other source of recovery related to this matter. I agree to reimburse the Foundation for any funds received upon any change in my financial circumstances. I understand that if I am approved funding, I am not automatically approved for any further assistance now or in the future. I understand that the Foundation reserves the right to deny a Request for Financial Assistance for any reason. I am neither a Rescue nor do I operate any form of breeding facility.

Date: ______________________________ **Owner Signature:** ______________________________

Hospital Use Only:

Treating Veterinarian ______________ | Hospital ______________ | Telephone ______________ | $ Treatment Estimate ______________

Diagnosis ______________ | Prognosis ☐ G ☐F ☐P | Recommended Procedure ______________

I agree to a minimum 25% discount from the usual and customary rate for treatment to be funded by this grant, if approved.

Date ______________ | Signature ______________

FACE Office Use Only:

$ 25% Discount ______________ | $ Approved Credit ☐Y ☐N ______________ | $ Owner Contribution ______________ | $ FACE Funds ______________

REQUEST ☐ APPROVED

☐ DENIED | DATE ______________ | BY ______________ | FACE ACCT ID ______________

DOCUMENTS ATTACHED ➔

- ☐ ESTIMATE
- ☐ MEDICAL RECORDS
- ☐ CARE CREDIT RESULTS
- ☐ 1040 TAX RETURN
- ☐ BANK STATEMENTS