

EMERGENCY VETERINARY MEDICAL FUNDS APPLICATION

APPLICANT INFORMATION

Applicant Name:

Fax:

Phone:

Mobile Phone:

Current address:

City:

State:

ZIP Code:

Email:

Own Rent *(Please circle)*

PET INFORMATION

Pet Name:

Species:

Breed:

Color:

Age:

Male Female *(Please circle)*

Spayed/Neutered: Yes No
(Please circle)

Date of Last Vaccinations:

ABOUT THE ANIMAL'S INJURY OR ILLNESS

Does this case involve animal cruelty charges? Yes No *(Please circle)*

If yes, please explain:

Date of injury/illness:

Describe of injury/illness:

Describe medical treatment needed:

Cost of medical treatment: \$

Amount you can contribute: \$

VETERINARY INFORMATION

Veterinarian's Name:

Clinic or Hospital:

Clinic address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

APPLICANT FINANCIAL INFORMATION

PLEASE DEMONSTRATE FINANCIAL NEED BY PROVIDING PROOF OF ENROLLMENT OF ONE OF THE FOLLOWING:

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1. Texas Medicaid
 2. Texas Temporary Assistance for Needy Families (TANF)
 3. Texas Supplemental Nutrition Assistance Program (SNAP)
 4. Texas WIC Program for Women, Infants & Children
 5. Texas Unemployment Insurance
 6. Social Security
 7. SSI Disability
- OR YOU MAY PROVIDE A PAY STUB OR LATEST YEAR'S FORM 1040 AS PROOF THAT INCOME MEETS WIC INCOME LEVELS

ADDITIONAL REQUIREMENTS

A photo of your pet is required to accompany this application and may be used in media materials for the express purpose of future fundraising.

We will be following up on your pet's condition and recovery. You must agree to these follow-up interviews.

We may also request pictures of your pet and family members following the recovery of your pet.

SIGNATURES

I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM.

Signature of applicant:

Date:

Signature of spouse (*only if for a joint membership*):

Date:

Please return application and accompanying documents to:
JudiBurnett@gmail.com

Or fax to
972.458.6829

Or mail to:
The Lucy Fund
Dallas Companion Animal Project
PO Box 793574
Dallas, TX 75379