

# FACE Foundation

## Request for Financial Assistance

Owner Name(s) \_\_\_\_\_ Home Address: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ own  rent

Owner Email \_\_\_\_\_ Employer (if currently working) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Pet's Name  M  F Ownership Duration \_\_\_\_\_ Pet's Birthday \_\_\_\_\_ Pet Insurance?  Y  N  
 Breed \_\_\_\_\_ Acquired pet from: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Spayed/Neutered?  Y  N  
 Vaccines Current?  Y  N

Annual Household Income: \_\_\_\_\_ Nature of Financial Hardship (please be specific): \_\_\_\_\_  
 Number of adults in household: \_\_\_\_\_  
 Number of children in household: \_\_\_\_\_  
 Monthly rent/mortgage: \_\_\_\_\_ Financial Assistance (if currently receiving): \_\_\_\_\_  
 How much have you spent thus far? \_\_\_\_\_ How much more can you pay towards your pets treatment today? \_\_\_\_\_

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

*I declare that I have exhausted all alternative options available to me for financial assistance, however, I agree to reimburse the Foundation for any funds received upon a change in my financial circumstances. In addition, I hereby assign to the Foundation all rights to any amounts received from insurance or other source of recovery related to this matter. I do not operate any form of breeding facility for profit and agree to provide financial documents in support of this request. I agree to have my pet spayed/neutered during or after the treatment provided. I understand that the Foundation is not responsible for the treatment and/or result of any veterinary services provided and hereby waive any and all claims for liability against the Foundation, and that the Foundation hereby reserves the right to deny a Request for Financial Assistance to anyone for any reason. I understand that FACE is not financially responsible for charges incurred at the treating veterinary hospital prior to the submission of this application. I understand that if I am approved for funding, I am not automatically approved for any further assistance. I authorize the Foundation to use my and/or my pet's photograph and any information relating to the payment of funds pursuant to this application for any purpose. I agree to volunteer for the Foundation's special events and fundraisers. I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge. Date: \_\_\_\_\_ Signature: \_\_\_\_\_*

**Hospital Use Only:**

_____	_____	_____	_____
Treating Veterinarian	Hospital	Telephone	\$ Treatment Estimate
_____	_____	_____	_____
Diagnosis	Prognosis <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P	Recommended Procedure	
<p><i>I agree to a minimum 25% discount from the usual and customary rate for treatment to be funded by this grant, if approved. I understand that FACE is unable to fund for any costs associated with the resuscitation and/or PRIVATE CREMATION SERVICES of a pet. Any costs incurred that are not on the original estimate submitted to and approved by FACE will be the sole responsibility of the pet owner.</i></p>			
_____	_____	_____	
Date	Signature	Proposed Treatment Date	

**FACE Office Use Only:**

\$ 25% Discount _____	\$ Approved Credit <input type="checkbox"/> Y <input type="checkbox"/> N _____	\$ Owner Contribution _____	\$ FACE Funds _____
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REQUEST <input type="checkbox"/> APPROVED	DATE _____	BY _____	FACE ACCT ID _____
<input type="checkbox"/> DENIED	DOCUMENTS ATTACHED →	<input type="checkbox"/> ESTIMATE	
	AFTERHOURS <input type="checkbox"/>	<input type="checkbox"/> MEDICAL RECORDS	
		<input type="checkbox"/> CARE CREDIT RESULTS	
		<input type="checkbox"/> BANK STATEMENTS	
		<input type="checkbox"/> PHOTOS	
		Time/Date Initiated: _____	
		Time Approved: _____	

