



Veterinary Aid Application for Individual Owners

31Paws helps to fund medical assistance for animals whose individual owners are responsible caregivers and in financial need. Because money is scarce and animals' needs are great, we cannot fund every application and we are limited in the amounts we can offer to any one case. Please visit our website's **PetVetCost Assistance Program** page (www.31paws.org) for program rules. **The owner should fill out the first two pages, attach a copy of the financial need document, and ask the Veterinarian to fill out the third page and fax to us at: 541-385-4927.**

If you have questions, please email us at: 31paws@gmail.com (our preferred method of communication). If you can't email, call: **541-385-4921**. We will respond within 1 week of receipt (unless it's an emergency and you and your vet can call us immediately). If we help, we will pay the vet directly. Thank you for applying; we appreciate the care you are trying to obtain for your animal.

Please note: The animals we help must be spayed or neutered. Talk to us about low cost spay/neuter options for your pet.

I. Animal Information (Owner please provide)

1. Name of Animal: _____

2. Species: (circle one) DOG CAT OTHER _____

3. Weight, Age and Breed(s) of Animal: _____

4. a. Has the Animal been Neutered or Spayed? When and Where?

b. Has the animal been vaccinated for dhpp and rabies? When and Where?

5. Length of time the animal has lived with this owner and long term placement plans:

6. Please briefly describe what is special to you about this animal.

II. Owner Information (Owner please provide)

1. Name: _____

2. Street Address: _____

3. City: _____

4. State: _____

5. Postal/Zip Code: _____

6. Telephone Number: _____

7. Email: _____

8. Please provide evidence of financial need. For example, are you receiving any government assistance (food stamps, unemployment)? Attach a 1 page copy of any evidence.

9. Have you applied for other financial aid for the care of this animal? (If so, what organization and do you know the outcome?) **If the clinic offers CareCredit we require the owner apply and the vet office tell us the results prior to our contact.**

10. Our program is to help you help your companion animal – sometimes we provide advice, sometimes we provide funds, sometimes we say we can't help. When we do provide funds it is usually for fixed amounts. Please visit our website: www.31paws.org and read the Pet-Vet-Cost Assistance Program rules. If we agree to help, we require a photo of the animal sent by email or texted by phone and your agreement we can use this photo in promotional materials. We pay the clinic after treatment and receipt of photo. Is this agreeable with you?

Owner Signature: _____

Date: _____

III. Clinic/Veterinary Information (Please complete this section and sign).

1. Is there evidence of routine care for this animal by the applicant?

2. What is the diagnosis and suggested treatment for this animal? If this animal is treated for this illness what will be his/her prognosis?

3. What is the treatment cost? (Please attach an invoice)

4. Are you providing any discounts? (Please indicate on the invoice if possible)

Veterinarian or Clinic Signature: _____

Position and Date: _____

Contact Phone: _____