



## Veterinary Aid Application for Rescue Animals

31Paws helps to fund medical assistance for animals who are rescued by individuals. 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. The rescuer should fill out the first two pages below, ask the Veterinarian to fill out the third section/page, and either fax to us at: **541-385-4927**, email to: **31paws@gmail.com**, or mail to us at the following address:

31Paws  
P.O. Box 8255  
Bend, Oregon 97708

If you have questions, please email us (our preferred method of communication). If you need to call: **541-385-4921** and leave a message. We will respond within 1 week of receipt (unless it's an emergency and you and your vet can call us immediately). **If we agree to help, 31Paws will pay directly on the rescuer's account to the vet clinic.** Thank you for applying; we appreciate the care you are trying to obtain for this animal.

### I. Animal Information (Rescuer please provide)

1. Name of Animal: \_\_\_\_\_

2. Species of Animal: (circle one) DOG CAT OTHER \_\_\_\_\_

3. Weight and Age of Animal: \_\_\_\_\_

4. Breed(s) of Animal: \_\_\_\_\_

5. Has the Animal been Neutered or Spayed or will it be? **We only fund spayed or neutered animals.**

6. What is the condition (medical, behavioral) of this animal? How long has the animal been with you? What are the animal's long term placement plans (ie, how will you find this animal a home?)

## II. Rescuer Information (Rescuer please provide)

1. Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

3. City: \_\_\_\_\_

4. State: \_\_\_\_\_

5. Postal/Zip Code: \_\_\_\_\_

6. Telephone Number: \_\_\_\_\_

7. Email: \_\_\_\_\_

8. Please provide the rescue circumstances. How did this animal come to your attention, why did you take this animal in?

9. Are you a member of a 501c3 rescue group? Have you applied for other financial aid for the care of this animal? (If so, what organization and do you know the outcome?)

10. Our program is to help you help your rescued companion animal -- we provide only fixed amounts (usually small because we try to help many). If we agree to help, we require a photo of 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?

Rescuer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**1. Is there evidence of responsible stewardship for this animal by the applicant?**

**2. What is the diagnosis? If this animal is treated what is the prognosis?**

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

**4. Are you providing any discounts? (Please clarify on the invoice)**

**Clinic Signature:** \_\_\_\_\_

**Position and Date:** \_\_\_\_\_

Upon payment we will request a receipt and copy of the client's bill with our payment listed. Thank you for helping this animal and person.