



Pet Information Form

(To Be Completed by Veterinary Clinic/Hospital)

Because we rely upon the judgment and experience of the veterinarian to guide our funding decisions, we ask that each vet complete and submit the Pet Information Form along with your itemized estimate for treatment so that Friends & Vets Helping Pets may process your client's application for financial assistance. Submit via fax 1.859.201.1177 or via email to beth@friendsandvetshelpingpets.org. If you have any questions, please call 859.309.2043. Thank you.

Date: _____

Veterinarian's Name: _____

Clinic/Animal Hospital Name: _____

Clinic/Animal Hospital Address: _____

Veterinarian's Phone and Email: _____

Owner(s) name: _____

Pet name (first and last) _____ Age of Pet: _____

Pet's species/breed: _____

Diagnosis: _____

Prognosis with treatment: _____

Treatment already provided (please send copy of the pet's file or applicable test results if requested. They may be scanned and emailed if convenient).

Treatment still needed: _____

How soon can treatment occur if funds are available? _____

Do you find that the pet is receiving proper care? _____

Treatment Estimate: Please attach an itemized, written estimate for the cost of treatment. As we are a nonprofit organization, FVHP asks participating veterinarians to donate a small portion of their time or services on each approved treatment, typically 15 – 25%, in an effort to reduce the cost of the treatment. **Please include the amount you are willing to donate in the estimate.** Friends & Vets Helping Pets funds treatments for curable (lifesaving, not life prolonging) illnesses, injuries or conditions such as tumors, broken bones, ambulatory care, expensive medication, or post-surgical prosthetics such as a K-9 cart. FVHP does not fund preventative measures or diagnostics like x-ray, ultrasound or MRI tests.

Our Process

Friends & Vets Helping Pets has a carefully designed application process that begins online at www.FriendsandVetsHelpingPets.org. All applicants must be prepared to show documentation of financial need at this time. During this process, we work with the applicant to see how much they can afford to pay. Because we rely upon the judgment and experience of the veterinarian to guide our funding decisions, we ask that each vet complete a short form to become registered with us prior to working together. The veterinarian submits a diagnosis/treatment protocol and itemized cost estimate of the pet’s treatment. As we are a 501c3 nonprofit, FVHP requests that the veterinarian donate a small portion of their time or services on each approved treatment, typically 15 – 25%, in an effort to reduce the cost of the treatment. This allows you to help the family/pet and help keep costs down. **Please include the amount you are willing to donate in the estimate.** Next, depending on availability of funding, we provide the difference in the form of a grant paid directly to the veterinary clinic/hospital treating the pet. By working together as a team, these lifesaving surgeries and treatments become more affordable and all parties have a vested interest in the outcome.

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Payment Terms

Friends & Vets Helping Pets works on a pre-approval basis and cannot assist with charges incurred **prior** to written approval of this application and the client’s application. If your client is approved for financial assistance by Friends & Vets Helping Pets, you will receive written (email) notification including specific amounts that Friends & Vets Helping Pets agrees to pay. Once permission has been given with the terms expressly set out therein, Friends & Vets Helping Pets will remit payment directly to the clinic by check via USPS following completion of treatment and receipt of your invoice via email or mail to the previously agreed upon price.

Please Sign Below

By signing below, you affirm that you understand and agree to accept Friends & Vets Helping Pets’ payment terms, as outlined in the paragraph above. If you have questions, please call 859.309.2043.

Signature: _____ Date: _____

Printed Name/Title: _____

Email of Hospital Administrator where formal notification may be sent: