

The Second Chanc Animal Fund Grant Application

Eligibility Guidelines:

- **Must be 18 years or older to apply**
- **Must show proof of financial hardship**
- **Must submit supporting veterinarian's statement (see appendix A)**
- **Must have applied for Care credit, attempted fundraiser, or other forms of funding.**
- **Applicants must be seeking assistance for ONE animal in need of urgent medical care.**
- **Second Chanc Animal Fund cannot pay veterinary bills for treatment that has already been done.**

About the Applicant

Name: First _____ Last _____

Mailing Address:

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Daytime Phone Number _____

Additional Phone Number _____

Email Address: _____

Check Yes or No for the following:

Is the person submitting this application 18 or older?

Yes No

Is there an alternate contact for this case?

Yes No

If yes, Name: _____ Phone: _____

Has the applicant ever received a Second Chanc Animal Fund grant?

Yes No

Is the applicant applying again for a grant request that was previously denied?

Yes No

If yes, what circumstances have changed? _____

Describe the circumstances that are keeping the applicant from being able to afford the animal's treatment?

What is the annual household income? _____

How many adults are in the applicant's household? _____

How many children (under 18) are in the applicant's household? _____

Which of the following will the applicant provide as proof of income? (Circle all that apply)

A copy of the most recent pay stub

SSI/SSDI benefits letter

Proof of any federal or state assistance

Unemployment benefits letter

W-2 or 1099 from employer

Which of the following apply for the applicant? (Circle all that apply)

Unemployed

Disabled

65 or over

Military veteran/active military/ military spouse

Student

About the animal

Animal name: _____

Species (please circle)

Dog

Cat

Horse

Rabbit

Bird

Other: _____

Estimated Animal's Age _____

Sex (Circle)

Female Male

Spayed or Neutered

Yes No

When did the animal join the applicant's household (approximately): _____

Is this a registered service animal or prescribed emotional support animal?

Yes No

(If yes to service dog, please list certifying organization and attach service dog letter certification letter.) Does your organization provide any financial support for veterinarian costs?

Yes No

If yes, please describe: _____

Where did the animal come from? _____

What does the animal mean to the applicant and/or the applicant's family?

How did the applicant hear about us? (Circle all that apply)

Local shelter/Humane Society

Veterinarian

Internet search

Other: _____

About the Animal's Injury or Illness and Treatment:

Describe the animal's injury or illness. How did the injury occur?

Has a veterinarian seen this animal for this injury or illness within the last 30 days?

Yes No

When did the injury/illness occur?

MM/DD/YYYY: _____

What treatment has been provided?

What treatment is still needed?

According to the veterinarian, will the animal die or need to be euthanized within 10 days if not treated?

Yes No

Is the animal at the hospital now?

Yes No

Is treatment happening now, scheduled to happen soon, neither?

What is the low end amount on the estimate of upcoming treatment? _____

What is the high end amount on the estimate of upcoming treatment? _____

How much has the applicant already paid for treatment for this injury/illness? _____

NOT including funds already spent or donated funds, how much can the applicant personally contribute toward the upcoming treatment? _____

Has the applicant applied for help with other organizations?

Yes No

If the applicant has created an online fundraiser, please list the web links:

Has the applicant applied for Care Credit?

Yes No

If no, list reasons why: _____

About the Clinic Treating the Animal

Clinic Name: _____

Clinic Address _____

Street address: _____

Address line 2: _____

City: _____ State: _____ Zip code: _____

Clinic Phone # _____ Clinic fax # _____

Clinic contact name: _____

- If you already have an estimate for veterinary care, please attach it to email. Having this information will help us to process this application more quickly.
- I have read and agree to the grant qualifications. By submitting this application, I agree that it has been completed in good faith. I understand that incomplete applications and/or the submission of false information may result in my application being denied.
- Your signature below indicates that you have read, understand, and agree with the above information

Applicant Printed name

Date

Applicant Signature

Appendix A

Supporting Veterinary Statement

Applicants must obtain a diagnosis and treatment plan from a veterinarian before applying. Please have your veterinarian fill this form out and submit with application.

Veterinarian contact information:

Veterinarian Clinic: _____

Veterinarian Office Address: _____

City: _____ **State:** _____ **Zip:** _____

Office phone number: _____

Veterinarian Name filling out this form: _____

- Does the animal have an immediately life-threatening injury or illness that requires urgent care within the next 10 days? If yes, please describe and state diagnosis:

- In your medical opinion, is there a good prognosis and can treatment be completed in one visit or hospital stay? Please explain:

- What treatment has been provided for this animal?

- If the pet receives treatment, what is the treatment plan?

By signing this form, you are agreeing that the above information you provided is true and accurate:

Veterinarian signature

Date