Beltrami Humane Society

…IS COMMITTED TO SERVING THE BEST INTEREST OF THE ANIMALS WE STRIVE TO PROTECT.

Veterinary Assistance Program
Application for Funds

Name_____ Date_____

Address_____ State_____ Zip_____

Primary Phone_____ Second Phone_____

Email address_____

DL # (or other photo ID)_____

Name, Address, Phone Number of Veterinarian

_____

_____

_____

Description of Diagnosis, Medical Treatment, Symptoms or Injury

_____

_____

Estimated Cost of Treatment_____

I am asking for a total of $_____ to help pay for veterinary care. (Request must be 75% or less of estimated cost and cannot exceed $250)

Pet's Name_____ Sex(circle one) m f Species(circle one) cat dog

Breed_____ Age_____

In order to be considered for funding, you must be able to show proof of need. Please circle any of the following programs for which you are currently participating:

Disability income

Food support

General assistance

Heating assistance

Medicaid

Medical Assistance

MN Care

MFIP

Section 8 housing

Temporary assistance for needy families

VA Disability

WIC

Income Qualifications: Proof of Gross Income is required to be considered for funding if you do not qualify for any of the above programs. Please circle the income bracket that corresponds to you. If Family size is greater than 8 use Other and add $9,350/year or $779/mo for each additional member.

- Family size of 1 - ($27,075 - yearly OR $2,256 - monthly)
- Family size of 2 - ($36.425 - yearly OR $3,035 - monthly)
- Family size of 3 - ($45,775 - yearly OR $3,815 - monthly)
- Family size of 4 - ($55,125 - yearly OR $4,594 - monthly)
- Family size of 5 - ($64,475 - yearly OR $5,373 - monthly)
- Family size of 6 - ($73,825 - yearly OR $6,152 - monthly)
- Family size of 7 - ($83,175 - yearly OR $6,931 - monthly)
- Family size of 8 - ($92,525 - yearly OR $7,710 - monthly)

By signing below I certify that the above information is true and accurate. I also certify that I am the owner of _____ (pet's name) who is in need of veterinary care. I understand that this is only an application and that I may be denied for funding for any reason.

_____ _____

Printed Name Signature

Approved: Y / N Director's Signature_____

Comments_____

_____