



Veterinary Care Grant Application

Sam's Hope

901 A East Willow Grove Avenue

Wyndmoor, PA 19038

www.samshope.org / samshope.org@gmail.com

You MUST be a resident of Bucks, Montgomery or Philadelphia Counties in Southeastern Pennsylvania and meet at least one of the following requirements to qualify for assistance.

- You qualify as low income, see chart below.
- You are unemployed.
- You are receiving government assistance.
- You are disabled and on a fixed income.
- You are a senior citizen on a fixed income.
- You are homeless.

The following information MUST accompany application:

- Proof of identification, (driver's license, or other photo identification with name and address).
- Recent proof of income for all adults in household (check stub, tax return, W-2, 1099).
- Proof of qualifying benefits, (Medicaid, Unemployment, Food Stamps, SSI).
- Care Credit approval/denial
- Six photos of pet alone and with family.
- Completed Veterinary Care Grant Application.

Family Size	Yearly Income
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320
Over 8, add per child	+\$4,160

If you meet the above eligibility requirements, please complete the following veterinary care grant application.

Applicant Information

Name _____ Date _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
Phone () _____ E-mail _____

Pet Information

Name of Pet _____ Type - Dog Cat
Age of Pet _____ Breed _____ Spayed/Neutered? _____

Description of Pet's Illness, Injury, Diagnosis, etc.

Is Medical Treatment Urgent – Yes No Estimated Total Cost of Treatment _____

Are You Willing to Contribute 10% to the Cost of Treatment? _____

Is Follow-Up Care Required? _____

Are You Willing to Contribute 10% to the Cost of Follow Up Care? _____

Are you willing to bring your pet to our veterinary partners for treatment? _____

Veterinarian Information

Veterinarian's Name _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
Phone () _____ E-mail _____

Financial Hardship – Describe in detail

Your application is **NOT** complete until we receive evidence of financial hardship.

By signing this application, you attest that:

- All information provided is true, complete and correct.
- You have reviewed the eligibility requirements for veterinary care grants, and meet the qualifications.
- You understand that the grant will be paid directly to the treating veterinarian.
- You agree to pay 10% of treatment and follow up care, and for the remainder of medical costs not covered by the grant.
- You agree that Sam's Hope is not liable for the outcome of any medical diagnosis, treatment, etc.
- You consent to allow Sam's Hope to use pictures, medical information for the purposes of fundraising and promotion.

Signature _____ Date _____

Office Use Only

Date of Application _____ Reviewed by _____ Approved by _____

Notes _____
