

Positive Tails Grant Application



Please note: Falsification of information will result in denial of case and remainder of bill will be applicant's responsibility.

Date: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Pet's Name: _____ Age: _____

Species: _____ Breed: _____ M/F: _____

Vaccinations up-to-date: (YES/NO) Spayed/Neutered: (YES/NO)

How long have you had this pet? _____ Where did you acquire this pet? _____

Name of regular veterinarian or any other veterinarian who has treated your pet for this condition (if applicable): _____

Diagnosis: _____

Amount Requested from Positive Tails: \$ _____

Owner's Coverage: \$ _____

Please write a brief explanation of your current situation which has led you to ask for funding from Positive Tails. Proof of financial hardship is a prerequisite to obtaining financial aid.

Reason for funding request (hit by a car, broken bone, pyometra, etc):

What resources did you try to procure prior to applying for this grant?

Please list your current expenses including credit payments and taxes owed:



Marital Status

Single

Married

Widowed/Divorced

Number of dependents: _____ Number of adults over 18 living in your home: _____

Have all adults over 18 years of age applied for Care Credit? _____

Has a credit line been approved? Amount: \$ _____

Denied: Key #ID _____, Key #ID _____, Key #ID _____

Do you have Pet Insurance? _____

Type of pet insurance coverage: _____

Do you have other pets? _____ If so, how many? _____

Please submit (except during emergency treatment grants, wherein you will be asked to provide these items by the next day):

Veterinary Estimate

Copy of last year's tax return filed with the IRS

Proof of Unemployment, Social Security or Disability income, if applicable

3 recent bank statements

I attest that the information I have provided to Positive Tails is accurate and complete. I give my consent for the above mentioned medical care, and I have read and signed the spay/neuter addendum. I understand that Positive Tails assumes no liability and makes no assurances as to the appropriateness, quality or outcome of any medical diagnosis, treatment, products or services. I consent to allow Positive Tails the use of any pictures and description of medical care for the purposes of promotion and fundraising. Grants are subject to the discretion of the Board of Directors, funds available and procedures outlined in the application guidelines.

Signature _____ **Date:** _____

Submit your application by emailing grants@positivetails.org.

Any questions regarding our grant process can be directed to grants@positivetails.org.

Please visit www.positivetails.org to learn more about our foundation.

***In the event of a critical emergency with your pet after non-profit business hours, please contact Veterinary Emergency and Referral Group (VERG) of Brooklyn at 718-522 9400 for VERG North and 718-677-6700 for VERG South.**

Positive Tails Client Prognosis Form



For Treating Veterinarian

Treating Veterinarian: _____

Diagnosis #1: _____

Diagnosis #2: _____

Diagnosis #3: _____

Total Estimate: _____ (Attach a copy)

Prognosis: _____

Notes/Future Recommendations and Treatment Required:

Positive Tails Grant Committee use only:



Diagnosis #1:

- Approved
- Denied

Diagnosis #2:

- Approved
- Denied

Diagnosis #3:

- Approved
- Denied

Date: _____

Board Member #1 - Name & Signature: _____

Board Member #2 - Name & Signature: _____

Note reason for decision: _____



Your animal is required to be spayed or neutered to be considered for a Positive Tails grant.

I _____ agree to have my animal spayed/ neutered (circle one) within 2 months of discharge either by own veterinarian or at Veterinary Emergency and Referral Group (VERG) South. If done outside of VERG South, proof must be provided by emailing grants@positivetails.org.

I understand that failure to comply with this means that the entire bill will be applicant's responsibility. I will be financially responsible for the entire bill for the care my dog/cat (circle one) _____ (animal's name) received while in the care of VERG/Positive Tails estimated to be _____ (fill in the blank with the estimate)

Positive Tails takes the reduction of animal suffering seriously. Spaying or neutering can be one of the most effective measures you can take to both improve your dog or cat's health and reduce the number of abandoned and unwanted animals. If you are unable to afford spay/neuter procedures for your dog or cat, please contact grants@positivetails.org to inquire about low cost or free options.

Signature: _____

Name: _____ **Date:** _____