

Positive Tails Grant Application Protocol



Checklist of necessary documents to apply for Positive Tails funding.

Cases cannot be considered for approval before all are complete.

Positive Tails is not responsible for costs or fees incurred before the case is approved.

For Owner/Client:

- Client must fill out Positive Tails application IN FULL.
- If pet is currently been treated, or has been treated in the past for the same condition, all records should be sent to grants@positivetails.org
- Client, as well as all adult members of the household, must apply for Care Credit and Scratch Pay. If denied, those codes should be included in the application. If approved, that amount should be processed and applied to the client's account.
- Amount that client can contribute to the case. Positive Tails grants should be seen as a supplement to total costs.
- Signed spay/neuter agreement
Clients with intact patients must be spayed or neutered either during treatment or within two months of discharge. Failure to agree to these terms renders clients ineligible for Positive Tails funding. Failure to comply with agreement will result in the responsibility for the entirety of the bill being transferred to the client.
- Proof of financial need should be sent to grants@positivetails.org.

The application can not be considered until all components are submitted.

Positive Tails Grant Application



Please note: Application must be completed in full. 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*: _____

Employer's Name*: _____

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*: _____

Has your pet been evaluated for current condition*? If so, by whom? _____

Diagnosis*: _____

Estimated cost to treat condition*: \$ _____

Amount requested from Positive Tails*: \$ _____

Owner's coverage*: \$ _____.

How did you learn about Positive Tails*:

Please write a brief explanation of your current situation which has led you to ask for funding assistance. 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*? _____

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

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

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*? _____

Have you applied for Positive Tails in the past either with this animal or another animal? _____

Please submit*:

Veterinary Estimate

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

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

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.**



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 two months of discharge. If you are unable to afford this procedure, you must contact Positive Tails to set up a free or low cost operation. Please provide proof 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:** _____