

# 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:

## For Veterinary Hospital:

Basic medial criteria: the case should be treatable with a good prognosis. Positive Tails does not fund cancer treatment or chronic conditions. Because we are a nonprofit, costs are a constant consideration. Excess costs on one case means the fewer animals we can fund. **Positive Tails is not responsible for costs or fees incurred before the case is approved.**

- Treating veterinarian must send description of the case**, including prognosis to [positivetails@googlegroups.com](mailto:positivetails@googlegroups.com)
- Itemized Veterinary Estimate.** Please be conscious of limiting charges to the most necessary.
- Photographs**  
The client should be notified that they will have their photo taken at discharge with their pet. This photo will be posted on social media so that more funds can be raised to help other pets.  
The doctor who is initiating the Positive Tails funding request is required to submit a high quality photograph that will aid in fundraising, as well as a 3-4 sentence backstory that can be used to describe the case correctly to a layperson.  
**This is a requirement - without photographs and description the application will be deemed incomplete and approval will be held until completion.**
- Completed application, photographs, description and itemized estimate should be sent to [positivetails@googlegroups.com](mailto:positivetails@googlegroups.com)**
- If case is approved, please send updates to [positivetails@googlegroups.com](mailto:positivetails@googlegroups.com), as well as notice when patient is discharged.**

## For Owner/Client:

- Client must fill out Positive Tails application IN FULL.**
- If pet has been seen at another hospital for the same condition, all records should be sent to [grants@positivetails.org](mailto: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.** The Client is responsible for paying any emergency fee at minimum. Positive Tails grants should be seen as a supplement to total costs. The larger contribution you are able to make to help treat your companion animal will increase our ability to approve treatment. It will also ensure that other families get care when they are in need of similar help.
- 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](mailto:grants@positivetails.org).** Financial documents SHOULD NOT be sent to [positivetails@googlegroups.com](mailto:positivetails@googlegroups.com).

**\*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\*: \_\_\_\_\_ Yearly Salary\*: \_\_\_\_\_

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**

**ONE of the following as proof of financial need:**

Copy of last year's tax return, W-2 form, 3 months of paystubs, EBT card, Proof of Unemployment, Social Security, Worker's Compensation or Disability income or VA benefits letter.

\*Bank statements are not acceptable as proof of financial need.

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](mailto:grants@positivetails.org).

Any questions regarding our grant process can be directed to [grants@positivetails.org](mailto:grants@positivetails.org).

Please visit [www.positivetails.org](http://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](mailto: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](mailto:grants@positivetails.org) to inquire about low cost or free options.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_