

approved for funding, I am not automatically approved for any further assistance, I authorize the Foundation to use my and/or my pet's photograph and any information relating to the payment of funds pursuant to this application for any purpose. I agree to volunteer for the Foundation's special events and fundraisers. I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

Signature of Owner / Agent

Date

Hospital Use Only:

_____ Treating Veterinarian	_____ Hospital	_____ Telephone	_____ \$ Treatment Estimate
_____ Diagnosis	_____ Prognosis <input checked="" type="radio"/> G <input checked="" type="radio"/> F <input checked="" type="radio"/> P	_____ Recommended Procedure	
I agree to minimum 25% Discount from the usual and customary rate for treatment to be funded by the grant, if approved			
_____ Signature of Owner / Agent	_____ Date		

FACE OFFICE Use Only:

 \$ 25% Discount

 \$ approved Credit Y N

 \$ Owner Contribution

 \$ FACE Funds

Request

APPROVED

DENIED

 Date

 BY

 FACE ACCT ID

DOCUMENTS ATTACHED >

ESTIMATE

MEDICAL RECORDS

CARE CREDIT RESULTS

1040 TAX RETURN

BANK STATEMENTS