FACE Foundation Request for Financial Assistance

Owner's Name	Home Address (own rent	Home/Cell Phone
Owner's Email	Employer (if currently working)		Work Phone
Pet's Name	Ownership Duration	Pet's Birthday	Pet's Insurance YNN
Breed	_ Acquired pet from: _		Policy #:
Spayed? Neutered?	Y N Is your p	et in heed of denta	al work? OY ON
Vaccines Current?	Y N Nature of Financial Hardship (please be specific)		
Annual Household Inc	come:		
Number of people in	household:		
Monthly rent/mortga	ue.		

FACE believes in "paying it forward." What monthly donation will you pledge to help us save more pets: \$ I declare that I have exhauited all alternadve options available tome for financial assistance, however, i agree to reimburse the Foundation for any funds received upon a change In my financial circumstances. In addition) I hereby assign to the Foundation all rights to any amounts received from insurance or other source of recovery related to this matter. I do not operate any form of breeding facility for profit and agree to provide financial documents in support of this request. I agree to have my pet spayed/neutered during or after the treatment provided. I understand that the Foundation is not responsible for the treatment and/or result of any veterinary services provided and hereby waive any and all claims for liability against the Foundation, and that the Foundation hereby reserves the right to deny a Request for FThancial Assistance to anyone for any reason. I understand that FACE is not financially responsible for charges incurred at the treating veterinary hospital prior to the submission of this application. I understand that If I am

agree to volunteer'for penalty of perjury, that t		•	d fundraisers. I declare, under best of my knowledge.
Signature of Owner / Agent			Date
Hospital Use Only:			
Treating Veterinarian	Hospital	Telephone	\$ Treatment Estimate
Diagnosis	Prognosis (G F P	Recommended Procedure
I agree to minimum 2 funded by the grant, if		the usual and custo	mary rate for treatment to be
Signature of Owner / Agent			 Date

approved for funding, 1 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

FACE OFFICE Use Only: