

Manning Moo Angel Fund Veterinary Care Foundation Application

Name: _____

Mailing address: _____, NY Zip _____

A copy of your driver's license is required upon submission of this application. If your driver's license does not reflect your current address, please provide a copy of a utility bill showing your name and the correct address.

Primary phone: _____ 2nd phone: _____

Email: _____

Pet Information

How many dogs/cats do you have? _____ dogs _____ cats

Please provide the following information **ONLY** for pet(s) that need our services:

| Name of Pet | Sex | Age | Rabies vaccine? | Weight | Cat or Dog |
|-------------|-----|-----|-----------------|--------|------------|
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Household Income

Applicant's Employer: _____ Gross Monthly Income: \$ _____

Spouse's Employer: _____ Gross Monthly Income: \$ _____

***** Proof of income and a letter of assistance is required. *****

Please note: The Manning Moo Angel Fund may offer only a portion of the total amount of your bill, depending on the amount of aid, funds available in the Trust, and the services required. Funds will be paid directly to the Burnt Hills Veterinary Hospital. You are responsible for the remainder of the bill.

Required: Your pet's rabies vaccination must be current or updated at time of receiving services.

I HEREBY GIVE BURNT HILLS VETERINARY HOSPITAL CONSENT TO COMMUNICATE WITH ANY OTHER PERSONS OR PARTIES CONCERNING MY HISTORY FOR THE PURPOSE OF VERIFYING INFORMATION ON MY APPLICATION. I CERTIFY THAT THE ABOVE ANIMALS ARE OWNED BY ME PERSONALLY. IF APPROVED, I WILL BE NOTIFIED OF THE AWARD AND VETERINARY CARE FOUNDATION WILL WORK DIRECTLY WITH THE BURNT HILLS VETERINARY HOSPITAL TO DISCUSS PLAN OF TREATMENT AND MAKE PAYMENT ARRANGEMENTS FOR THE AMOUNT OF THE AWARD. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF ANY AMOUNT DUE TO THE VETERINARY HOSPITAL OVER AND ABOVE THE AWARD.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____