



Washington State Animal Health Foundation

Vets Helping Pets

GRANT TERMS AND CONSENT

Terms Agreement

(Please acknowledge each statement below with initials from veterinarian and client)

_____ Grant payments are paid directly to the veterinarian. Please allow 30 days for grant payment to be made.

_____ Applicant Assurance: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I agree to accept responsibility for providing any personal reports if a grant is awarded as a result of this application.

Legal Consent

(Please acknowledge each statement below with initials from veterinarian and client)

_____ I/we understand that services will be performed for the animal named above by the veterinary staff at _____.

_____ I/we will not attempt to hold the Washington State Veterinary Medical Association (WSVMA) or Washington State Animal Health Foundation (WSAHF) liable for veterinary medical care, including complications, death and additional fees beyond the grant, the need for future treatments and any other circumstances arising from the treatment.

_____ I/we agree to the use of any photograph(s) and stories (without the owner's specific identification) of my/our pet for educational/ promotional purposes of the WSVMA/WSAHF (including but not limited to: brochure, newsletter, display, web site). I/we further understand that I/we will not be paid for the use of such photographs and stories.

_____ I/ we understand that some confidential information concerning the specified veterinarian's care or treatment of my/our animal may be disclosed to the WSVMA/WSAHF.

_____ I/we certify that I am over eighteen years of age and am the owner or authorized agent responsible for seeking veterinary care for the pet identified above.

_____ I/we are not staff or board members of the WSVMA or WSAHF.

Signature of Owner or Agent

Date

Signature of Veterinarian

Date