



# Washington State Animal Health Foundation

## Vets Helping Pets

### **VETERINARY ASSISTANCE GRANT APPLICATION**

*Confidential Information – for internal use only*

#### **VETERINARIAN INFORMATION**

Date \_\_\_\_\_ Veterinarian \_\_\_\_\_

Are you a WSVMA Member?  Yes  No

Primary Contact (manager, receptionist, etc.) \_\_\_\_\_

Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Preferred Email \_\_\_\_\_

#### **CLIENT INFORMATION**

Client Name \_\_\_\_\_

Is the client a resident of Washington state?  Yes  No

Client's relationship with the animal:

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Explain the client's financial circumstances that qualify them for a Vets Helping Pets Veterinary Grant:

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Please have the client provide a brief paragraph about the situation and their relationship/bond with the animal (can be an attachment to the application).

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**PATIENT INFORMATION**

Patient Name \_\_\_\_\_

Dog  Cat  Other (specify) \_\_\_\_\_

Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Diagnosis: \_\_\_\_\_

In 3 sentences or less, briefly describe the patient's treatment plan:

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What is the patient's prognosis with treatment?  Good  Fair *Please note that patients with a poor prognosis, despite treatment, are ineligible for this grant.*

Besides the presenting complaint, is the animal otherwise healthy?  Yes  No

If not, please describe any major medical issues:

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Please provide any additional information for the decision-making process: *(optional)*

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**TREATMENT PLAN FINANCIAL INFORMATION**

Estimated total cost of care for the animal, including diagnosis and treatment: \$ \_\_\_\_\_

*Attach itemized financial estimate. Please include any discounts that are being applied to estimate.*

Value of discounts provided by veterinarian: \$ \_\_\_\_\_

*A reasonable effort must be made to discount services to qualify for a Veterinary Assistance Grant.*

Financial contribution of the animal owner:

*No matter the grant ask amount, each client must contribute to the cost of the animal's care.*

Client is willing/able to pay \$ \_\_\_\_\_ towards care.

Grant Amount Requested:

*Grants are subject to availability of funds and may not exceed \$500 per case.*

Grant Amount Request \$ \_\_\_\_\_

**APPLICATION SUBMISSION**

Submit application form along with:

1. Clinic W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
2. Itemized estimate for services
3. Any additional supporting documentation
4. Photo of animal

Submit your completed application via one of these channels:

1. Email: [info@wsvma.org](mailto:info@wsvma.org)

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2. Mail: 23515 NE Novelty Hill Rd.  
STE B221-337  
Redmond, WA 98053
3. Fax: (425) 396-3192

Questions? Contact us at [info@wsvma.org](mailto:info@wsvma.org).

Notification of grant awards are made directly to the clinic and/or appointed designee within five business days (Monday through Friday, excluding major holidays) of receiving the application. 24 to 48-hour notification applies only to applicants that are in a life-threatening situation.