



Washington State Animal Health Foundation

Vets Helping Pets

VETERINARY ASSISTANCE GRANT APPLICATION

Confidential Information – for internal use only

VETERINARIAN INFORMATION

Person completing this application _____

Date _____ Veterinarian _____

Are you a WSVMA Member? Yes No

Primary Contact Name _____

Primary Contact Role (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:

Please have the client provide a brief sentence about the situation and their relationship/bond with the animal.

PATIENT INFORMATION

Patient Name _____

Dog Cat Other (specify) _____

Age _____ Breed _____ Sex _____

Diagnosis: _____

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

Care has: Been provided and concluded Been provided and is in process Not been provided

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 health issues described above, 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)*

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 and/or grants from aligned foundations or any other support: \$ _____

A reasonable effort must be made to discount services to qualify for a Veterinary Assistance Grant. It's recommended that the practice applying for a grant matches or exceeds the grant amount.

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 for an amount up to \$1,000

Grant Amount Request \$ _____

APPLICATION SUBMISSION

Submit application form along with:

1. Itemized estimate for services
2. Any additional supporting documentation

Submit your completed application via one of these channels:

1. Email: info@wsvma.org
2. Mail: 23515 NE Novelty Hill Rd.
STE B221-337
Snoqualmie, WA 98065

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3. Fax: (425) 396-3192

Questions? Contact us at 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.