

GivePetsAChance Financial Assistance Application

STEP 1

Applicants must to provide proof of monthly or yearly income (i.e. pay stub, bank statement, employer letter, etc.) unless otherwise determined at the time of approval.

In order to receive funds from GPAC, this application must be completed in full by the person seeking funds.

Full Legal Name

Address (Street, Apt.#, City, State, Zip)

Employer/ Occupation

Phone number (home & business)

Number of individuals in household _____

Total monthly household income \$ _____

Description of Pet: Species and Name, Age _____

Description of financial hardship and why funds are needed.

STEP 2- Waivers & Agreements

I am the legal owner/care giver of the above described pet. I understand all the above information and attest the information I have provided is accurate and complete. I give my consent for the medical care of _____ .

I understand that GPAC assumes no liability and makes no assurances as to the appropriateness, quality, or outcome of any medical diagnosis or treatment.

Funding assistance is limited. There may be instances where you qualify for help, but due to a lack of funds GPAC is unable to provide assistance. If your request is denied due to the lack of donations, you may apply again within the same calendar year.

In order to receive funds from GPAC, this agreement and wavier must be signed by the person seeking funds. All recipients of GPAC funding and all applicants of GPAC funding agree that GPAC is in no way responsible for the outcome of any medical procedure funded in whole or in part by GPAC, nor is GPAC responsible for any medical outcome when funding is denied in whole or in part to the applicant. Applicants for GPAC funding agree that GPAC will not be liable for any damages or losses as a result of being denied funding or because of the outcome of any medical diagnosis or medical treatment funded in whole or in part by GPAC.

For accepted applicants, GPAC will pay for veterinary services up to the approved amount. The applicant is responsible for any charges above the approved amount.

GPAC and it's volunteers do not make any representations or warranties, expressed or implied, regarding applications for funding, and we are released from and not liable for any costs, damages, and expenses, including attorney fees arising from any claims, damages, or liabilities asserted by third parties arising from application for, or receipt of funds from GPAC.

This is the entire contract, and no applicant for funding can modify it. This contract is not assignable. Applicants for funding from GPAC waive all laws in conflict with the above agreement.

STEP 3 - Pet picture waiver

I allow _____ or I do not allow _____ GivePetsAChance (GPAC) to use pictures of my pet as well as a description of the medical care for the purposes of promotion and fundraising.

I understand the information above and I agree to this contract and wavier.

STEP 4 - Signature

Signed Signature: _____

Date: _____

***** Approved funding must be used within thirty (30) days of approval. Funding not used within thirty (30) days will no longer be honored by GivePetsAChance.**

***** GivePetsAChance is only able to help an applicant once during a twelve (12) month period.**

***** The applicant should not mail or email this application or the income verification. Leave both documents with the veterinary office to be mailed by them.**

***** Questions about the application? Please call - 330-210-1757.**

