



The following is the Boo Tiki Application for grant approval. Please make sure you complete it in its entirety. Any missing information may lead to your application being denied without further process. Your pet must have a current exam within ONE month of application submission and you must be in good standing with your current veterinarian. Receipt of a completed application does not guarantee grant approval. Final approval is determined by votes cast from approved Boo Tiki Fund board members. You must include the following components when submitting your application or it will NOT be processed:

- \* Estimate from Referring Vet of Expected Treatment Costs
- \* A Copy of Most Recent Paystub or Proof of SSI
- \* Proof of Care Credit Declaration Page

**PLEASE NOTE:** Applications normally are processed within 72 hours. Should this be an Emergency Case please inform the Director at submission and we will do our best to process application within 24 hours.

Should you have any questions with the application process please contact Jenn Gervasoni at [JennG@HousePawsMobileVet.com](mailto:JennG@HousePawsMobileVet.com).



## The Boo Tiki Fund

“Our mission is simple. Our compassion is real. Aid the animal in need.”

### Application for Assistance

Name of Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

SS#: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex (M/F/S/N): \_\_\_\_\_ Color: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Referring Hospital Address: \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_

Prognosis: \_\_\_\_\_

\_\_\_\_\_

Have you applied for Care Credit? Yes \_\_\_\_\_ No \_\_\_\_\_

Date applied: \_\_/\_\_/\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Approval Amount: \_\_\_\_\_

(If denied you must provide the Care Credit denial declaration page)

Grant Amount Requested: \_\_\_\_\_

(Please include an estimate of care from treating veterinarian)

~ALL APPLICATIONS MUST BE RECEIVED WITH A CURRENT PAYSTUB~

By accepting this donation you also agree to the following:

\*To Supply a Photo of Your Pet

\*To Include a Brief Biography about Your Pet

I attest that all information I have provided in this form is accurate and complete. I give consent for all the above mentioned care at the treating doctor's discretion. I fully understand that donation of this grant in no way causes The Boo Tiki Fund to assume any liability for my pet and does not ensure outcome of any treatment provided. I understand that any photographs or documented care may be used for purposes of promotion and fundraising.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

- Note: If you are applying for assistance as the representative of a Rescue Organization you must first apply to be listed on the Boo Tiki Fund list of Approved Rescue Organizations.

\*\*\* To Be Completed by Granter\*\*

Approving Board Member: \_\_\_\_\_

Approving Board Member: \_\_\_\_\_

Grant Amount Approved: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_