



Request For Funding

Owner Name: _____

Street Address: _____

City/State: _____

Telephone (Main): _____ Telephone (Mobile): _____

E-Mail: _____

Social Security Number: _____ Driver's License: _____

Pet's Name: _____ Species: _____ Color: _____

M/F/Spayed/Neutered: _____ Breed: _____ Age: _____

Have you applied for Care Credit Yes No If Y Date: _____ Approved or Denied: _____

Approval Amount: _____

If denied please submit denial declaration page.

EMPATH Grant Amount Requested: _____

VETERINARIAN: _____

VETERINARIAN ADDRESS & TELEPHONE: _____

DIAGNOSIS: _____

PROGNOSIS: _____

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 doctors' discretion. I fully understand that donation of this grant in no way causes EMPATH 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: _____