



# 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: \_\_\_\_\_