



Chance's Dream Animal Rescue, LLC
 P. O. Box 740121, Arvada, CO 80006-0121
 720-279-4612

APPLICATION FOR ASSISTANCE

A. MUST BE COMPLETED BY PARTY REQUESTING ASSISTANCE

<p>YOUR DETAILS</p> <p>Owner Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p> <p>VETERINARIAN/CLINIC NAME: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Your Email: _____</p> <p>Total Monthly Income: _____</p>	<p>YOUR PET DETAILS</p> <p>Pet Name: _____</p> <p>Pet DOB: _____ Gender: M / F</p> <p>Type of Pet: Dog Cat Other _____</p> <p>Breed: _____</p> <p>Estimated Monthly Expenses: _____</p>
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B. TREATMENT INFORMATION SECTION B AND C MUST BE COMPLETED BY THE VETERINARY CLINIC

Diagnosis & Treatment Details	
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Date Sign & Symptoms First Noted (mm/dd/yy)	Has the pet been treated for this condition before? Y / N	If yes, when? (mm/dd/yy)	Is there likely to be ongoing treatment? (Explain below)	Approximate cost of treatment?
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Ongoing treatment? _____

Has this pet had an annual physical examination in the past 12 months, and up to date on all recommended vaccinations? **Y / N** (circle one)

If no, explain: _____

How long has this pet been a patient of your clinic? ____ Less than 12 months ____ More than 12 months

If patient was referred to you, give the name of referring practice/clinic: _____

Pet's Weight: _____ Body Condition Score: _____ 1-5 scale (1 = emaciated, 5 = obese)

C. VETERINARY DECLARATION

I certify that the details above are accurate, complete and true in every respect.

Signature of Veterinarian

Print Name

Date

CLINIC STAMP

D. REQUESTING PARTY DECLARATION

I declare that my veterinarian recommended the treatment for which I am requesting financial assistance. The veterinary clinic has completed Sections B and C and the particulars given are correct to the best of my knowledge and belief. I agree that my veterinarian may provide any information that Chance's Dream Animal Rescue may require to verify my request. I also agree that in the unlikely event that death occurs during treatment of my pet, Chance's Dream Animal Rescue will not be held responsible or liable for actions taken by my veterinarian and/or clinic.

I understand that any misrepresentation or omission of any material fact can result in denial of my request for assistance.

Signature

Date

Print Name

NOTE: If you are approved for assistance, your story and a picture of your pet will be posted on the rescue's website and Facebook page in order to encourage donors to continue supporting our cause. We completely respect your privacy and will never include the pet parent's name with the assistance story.

For Rescue Use Only:

This request has been reviewed and approved or denied by: _____

Reason for denial: _____