

# Application for Funds

## Service Member:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Address: \_\_\_\_\_

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

## Spouse/ Significant Other's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Household Income Information:

What is your gross household income? \_\_\_\_\_

What is your net expenditure amount? \_\_\_\_\_

What is your savings account balance for your household? \_\_\_\_\_

Do you receive any other financial assistance? If 'Yes' please list all and amount received: \_\_\_\_\_

\_\_\_\_\_

## Information about Military Service: (Please attach Proof of Military Service to this Application)

When did you serve? \_\_\_\_\_

\_\_\_\_\_

Where did you serve? \_\_\_\_\_

\_\_\_\_\_

How long was your time of service? \_\_\_\_\_

\_\_\_\_\_

**Pet Information:**

Name:	
Species:	
Breed:	
Color:	
Sex:	<input type="radio"/> Male <input type="radio"/> Neutered Male <input type="radio"/> Female <input type="radio"/> Spayed Female
Age:	

Is someone else currently caring for your pet? Yes or No

If answered 'Yes' to above question, please fill out the following information:

Name of person currently caring for pet: \_\_\_\_\_ Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your pet have any existing medical conditions? If 'Yes', please explain: \_\_\_\_\_

Were you recommended by a Doctor to pursue medical attention? Yes or No

If answered 'Yes' to above questions, please fill out the following information:

Dr. \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Doctor Recommendations: \_\_\_\_\_

*Please attach information you may have (including but not limited to): medical records regarding your pets previous history, any expenditures on your pet (include copy of invoices), and the medical notes from the Doctor who diagnosed your pet's condition. Please choose one of the following for the preceding information: Attach to Application, e-mail to [chanda@packvet.com](mailto:chanda@packvet.com), mail to: 121 Packerland Drive Green Bay, WI 54303, or fax to (920)498-1065 (cover sheet is provided, please print off and attach to records being sent).*

Total estimated amount of services: \_\_\_\_\_

Amount of fund's being requested: \_\_\_\_\_

*Please attach a narrative up to 2 pages as to why you believe the Foundation should fund you and your companion.*

\_\_\_\_ I acknowledge that the Doctor performing the services and the C.A.R.E. for Service Members Organization are not responsible for the outcome of the surgery/services provided. (Initials required)

By signing this document I am acknowledging that the above information is true and accurate to the best of my knowledge. Each case will be reviewed individually by the Board Members of C.A.R.E. and results will be determined at that time. Submitting this application does not guarantee funding. Falsification of any kind will result in re-imburements of funding to C.A.R.E.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_ By initialing here I grant permission for C.A.R.E. to use my pet's pictures, story, and/or other medical information for the benefit of the foundation.

\_\_\_\_ By initialing here I would be willing to talk to media regarding the assistance my pet and I have received from C.A.R.E.