



PO Box 8059
Pelham, NY 10803
johpets@healfoundationusa.org
www.healfoundationusa.org

Joey & Oreo HEAL Grant Application for Financial Support

Name of Dog Owner _____

Address _____

Name of Dog _____ Breed _____ Age _____ Sex M/F Neuter/Spay Status* Y/N

Rescued** Y/N Name of Shelter/Rescue/Owner Surrender and Contact Person _____

Please note: *We do not provide funding for pets that are not neutered or spayed, unless there are extenuating circumstances. Please explain reasons why your pet is not spayed or neutered. ** Preference is given to **large mixed breed dogs that are rescued** and not purchased from a breeder or puppy store.

Treating Veterinarian Contact Details _____

Pet Illness Information

Brief description of the medical condition your dog is suffering from currently.

Financial estimate: \$ _____ Describe treatment plan and/ or attach documentation from treating veterinarian



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Ability to Pay

Funding under the Joey & Oreo HEAL Grant Program is available for dog owners who are experiencing significant financial difficulties and are unable to pay for their pet's treatment. We expect pet owners to explore other options to help pay for treatment such as veterinary payment plans, CareCredit, ScratchPay etc.. We require proof of financial need. The HEAL Foundation Review Committee will make all Joey & Oreo HEAL grants decisions.

How much can you pay for this treatment before it becomes an extremely significant financial hardship? _____

Have you discussed a payment plan with your veterinarian? (Please check one)

Yes, but it is still a financial hardship

No they do not offer a payment plan

Not discussed

Applying for Care Credit (www.carecredit.com/vetmed), Scratchpay (www.scratchpay.com/veterinary) are prerequisites for eligibility for a Joey & Oreo HEAL Grant. Did you apply? (Please check one)

Yes, I received approval for \$ _____. The remainder it is still a financial hardship

No, I was denied (Please attach proof)

I did not apply

How many people are in your household? _____

Provide the estimated monthly salary of all adult members of your household _____

Provide an estimate of fully liquid assets of your household including cash on hand or in the bank (savings and checking accounts), and any easily sellable securities _____

Attach **TWO** proofs of financial need (i.e., unemployment, insufficient income to pay for treatment, other emergency circumstances, etc.) including recent (within last 6 months) copies of: tax returns; pay stubs of all family members; SSI Disability, Medicaid, etc. HEAL Foundation will keep all personal financial information on this form and attachments confidential.

I swear or affirm that everything on this document is true to the best of my knowledge. Any falsification of financial information may constitute fraud and perjury. I understand that in the event that information on this application is demonstrated to be false, HEAL Foundation may seek prosecution and return of all funding provided.

I grant HEAL Foundation the rights to use my pet's name, image, and story on their website, social media and other promotional materials.

Name

Signature

Date

HEAL (Humanity Empathy Animal Love) Foundation Inc. is a 501(c)3 non-profit. Donations are tax deductible to the full extent of the law. Our EIN is 81-4769310.