



PO Box 8059  
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[www.healfoundationusa.org](http://www.healfoundationusa.org)

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## Joey & Oreo HEAL Grant Application for Financial Support

Name of Dog Owner \_\_\_\_\_

Address \_\_\_\_\_

Name of Dog \_\_\_\_\_ Breed \_\_\_\_\_

Age of Dog \_\_\_\_\_ Male/Female \_\_\_\_\_ Neuter/Spay Status\* Y/N

\*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.

\_\_\_\_\_

Treating Veterinarian Contact Details \_\_\_\_\_

### Pet Illness Information

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe treatment plan and/or attach documentation from the treating veterinarian including financial estimate.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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](http://www.carecredit.com/vetmed)), Scratchpay ([www.scratchpay.com/veterinary](http://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 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.*