



ACTION FOR ANIMALS MAINE

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APPLICATION FOR FINANCIAL ASSISTANCE FOR YOUR VETERINARY BILL

NOTE: This form can be submitted by regular mail or by email only!

PET OWNER INFORMATION (please print clearly)

Name: _____

Physical address: _____

Phone number: _____ Cell number: _____

Reason for financial assistance? _____

Have you attached a copy of the Care Credit denial letter? Yes ___ No ___

If **No**, please do so now. **(We require that you apply for Care Credit)**

Have you attached a copy of a utility bill in your name? Yes ___ No ___

If **No**, please do so now.

Have you attached a copy of your photo ID? Yes ___ No ___

If **No**, please do so now.

PLEASE NOTE: You may be asked to provide proof of income with this application.

*****This assistance may only be used once per household per year*****

MEDIA RELEASE: I give full permission for **AFAM** to post your success story along with pet's photo on the **AFAM** website and for use in **AFAM** newsletter releases.

Signature: _____ Date: _____

ANIMAL INFORMATION

Name: _____ Species: _____ Breed: _____

Sex: _____ Color: _____ Age: _____

Does your pet have any pre-existing conditions or current medical problems?

Is your pet currently on any medications? **Yes** _____ **No** _____

If **Yes**, please specify? _____

To the best of your knowledge, does your pet have allergies? **Yes** _____ **No** _____

If **Yes**, please specify? _____

How much can you contribute to your pet's veterinary care? _____

Is your animal current with vaccinations? **Yes** _____ **No** _____

Is your animal spayed/neutered? **Yes** _____ **No** _____

If **No**, will you require information to acquire help with that? **Yes** _____ **No** _____

Are there other pets in the home? **Yes** _____ **No** _____

If **Yes**, please specify? _____

Which veterinary service do you currently use? _____

May we contact your vet office for clarification of the animal's condition? **Yes** _____ **No** _____

(Owner needs to give vet office permission to talk to us and give us info in advance)

By signing, I understand that 1) **Action for Animals Maine** is not responsible for the health of my pet. 2) I agree to assume full responsibility for all medical expenses that may be incurred outside of this assisted amount.

Owner signature: _____ Date: _____

AFA member name: _____ Signature: _____ Date: _____

Approved? **Yes** _____ **No** _____ Amount (if approved): \$ _____