



# Medical Assistance Application

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## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Pet's Name	
Type	<input type="checkbox"/> Cat <input type="checkbox"/> Dog
Pet's Age	
Pet's Veterinarian	
Veterinarian's Address	
Veterinarian's Phone	
Photo	Please attach or send a current photo of your pet.

## Medical Condition

Summarize the Pet's medical condition and the costs necessary to treat/address the condition. Attach the medical diagnosis report provided by your Veterinarian

### Financial Background

Summarize your financial condition that prohibits you from managing your pet's medical costs.

### Other Financial Resources

Summarize other sources of assistance you have applied for or are receiving to manage the cost of your pet's medical condition. Describe how you intend to meet any on-going medical expenses.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted for a grant that I agree to allow the Michigan Pet Fund Alliance to publish the story of my pet and their assistance to it through the grant. I also understand that as a grant recipient that either I or a member of immediate family agrees to "pay it forward" by volunteering at a shelter, rescue or Michigan Pet Fund Alliance.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of the Michigan Pet Fund Alliance to pay the Veterinarian directly with the grant provided. Recipients are limited to a single grant per pet. Questions can be directed to 877-387-7257. Completed applications can be e-mailed to: [info@michiganpetfund.org](mailto:info@michiganpetfund.org) or mailed to: Michigan Pet Fund Alliance, 2210 Lancaster, Bloomfield Hills, MI 48302