



APPLICATION FOR ROWDY RELIEF FUNDS

NAME: _____ **DATE:** _____

PET'S NAME: _____ **BREED:** _____

AGE: _____ **SEX:** _____ **SPAYED/NEUTERED**

IF YOUR PET IS NOT SPAYED OR NEUTERED DO YOU AGREE TO HAVE IT SPAYED OR NEUTERED? Y/N

DIAGNOSIS: _____

TREATMENT RECOMMENDATION:

Please attach all pertinent veterinary records (past and present) along with a detailed estimate for the recommended treatment plan.

TO BE CONSIDERED FOR A GRANT FROM THE ROWDY RELIEF FUND, THE FOLLOWING REQUIREMENTS MUST BE MET

1. The pet must be current on vaccines.
2. The pet must be spay/neutered, or the owner must agree to spay/neuter the pet.
3. The owner (and his/her family members) will volunteer 1 hour of community service in return for each \$100 funds granted by Rowdy Relief Fund.
4. The owner will contribute minimum of 20% of the final treatment costs of the procedure.
5. The owner must apply any/all approved Care Credit funds to the cost of care. Please attach approval or Care Credit denial to this application.
6. The owner will provide all supporting documents requested by Rowdy Relief Fund.
7. The owners agree to provide the Rowdy Relief Fund with photos and updates as to their pet's progress as well as their own volunteer efforts. Owners give The Rowdy Relief Fund permission to use these photos and updates for promotional purposes.
8. The clinic providing care must be located in Colorado.

EXCLUSIONS FROM ROWDY RELIEF FUND CONSIDERATION

1. The pet has already been treated and the owner has an outstanding bill with which he/she would like help paying.
2. The owner has been approved for the full cost of the procedure through Care Credit.
3. The owner and his/hers veterinarian have agreed to a payment plan.
4. The owner is unable to display financial need for veterinary care.
5. The pet's veterinarian is not willing to accept payment by check from the Rowdy Relief Fund.
6. The procedure is cosmetic, unnecessary or will not provide a substantial increase in quantity and/or quality of life.
7. The recipient has already received a grant from the Rowdy Relief Fund.

ROWDY RELIEF FUND DOES NOT OFFER FUNDS FOR

1. Routine care, such as spay/neuter, vaccines, heartworm preventative, routine office visit, etc.
2. Payment of an outstanding veterinary bill in order to obtain release of the pet.
3. Reimbursement of already paid veterinary invoices.

FUNDS REQUESTED: \$ _____
OWNER'S CONTRIBUTION \$ _____
TOTAL COST OF PROCEDURE: \$ _____

OWNER'S CONTACT INFORMATION:

Phone: _____
Email: _____
Address: _____

VETERINARIAN'S CONTACT INFORMATION:

Name: _____
Phone: _____
Email: _____
Address: _____

PLEASE ATTACH THIS SECTION TO YOUR APPLICATION:

1. Please explain why you are in need of funding.
2. List and provide documentation of your monthly household income and number of people living in your home.
3. List and provide documentation of any assistance programs you are on (e.g. food stamps, disability, social security etc...).
4. Please list where you wish to volunteer your time should you receive funding.
If you are unsure please contact us and we can help pair you with a group.
5. Please provide proof of Identification. (Copy of Drivers License is sufficient)

I certify that I am the owner of the pet listed above and am seeking funds to assist in the treatment of this pet. I acknowledge that the Rowdy Relief Fund is not capable of helping all applicants. By signing below I agree not to take legal action against the Rowdy Fund should my application be denied or should a negative medical outcome occur. I understand that all decisions are final. I certify that the information above is accurate to the best of my knowledge. I understand and agree to the expectations associated with accepting funds.

Signature

Date

Please send completed application along with all supporting documentation to the locations below.

**Rowdy Relief Fund
1191 Saddle Ridge Dr
Evergreen, CO 80439**

info@rowdyrelieffund.org