



APPLICATION FOR FINANCIAL ASSISTANCE CANINE CANCER AWARENESS, INC.

PO Box 22
Litchfield, ME 04350



*THE FUNDS OF THE CANINE CANCER AWARENESS ORGANIZATION ARE INTENDED TO SUPPORT
TREATMENT OF CANINE CANCER PATIENTS AND RELATED ACTIVITIES.*

PERSONAL INFORMATION

NAME OF DOG: _____

CURRENT AGE: _____ BREED OR MIX : _____

I/WE HAVE HAD THIS DOG SINCE: _____

OWNER NAME(S): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTRY: _____

E-MAIL : _____

HOME PHONE: _____ WORK PHONE: _____

MEMBERS OF HOUSEHOLD: _____ ADULTS (INCLUDING SELF)
 _____ CHILDREN – LIST AGES: _____
 _____ OTHER PETS

EMPLOYER #1: _____

EMPLOYER #1 ADDRESS: _____

EMPLOYER #1 PHONE NUMBER: _____

EMPLOYER #2: _____

EMPLOYER #2 ADDRESS: _____

EMPLOYER #2 PHONE NUMBER: _____

PLEASE LIST ADDITIONAL EMPLOYMENT INFORMATION ON A SEPARATE SHEET
AND INCLUDE WITH THIS APPLICATION.

VETERINARIAN/MEDICAL INFORMATION

REGULAR VETERINARIAN: _____

VETERINARY ORGANIZATION/CLINIC: _____

ADDRESS: _____

PHONE: _____

DO YOU HAVE PET HEALTH INSURANCE? YES NO

IF SO, WHO IS YOUR INSURER? _____

FINANCIAL ASSISTANCE REQUESTED: \$ _____

HOW WILL FINANCIAL ASSISTANCE BE USED? BE AS SPECIFIC AS POSSIBLE.

THIS SECTION MUST BE COMPLETED BY THE TREATING VETERINARIAN:

TREATING VETERINARIAN: _____ SAME AS ABOVE

VETERINARY ORGANIZATION/CLINIC: _____

ADDRESS: _____

PHONE: _____

DATE OF DIAGNOSIS: _____

DIAGNOSIS: _____

STAGE/PROGNOSIS: _____

STATEMENT OF INCOME, ASSETS, AND LIABILITIES

CONFIDENTIAL

(FOR USE BY CANINE CANCER AWARENESS ONLY)

PERSONAL STATEMENT OF INCOME AND FINANCIAL STATUS OF ALL ADULTS

ASSETS		LIABILITIES (MONTHLY BILLS)	
CHECK ING:	\$ _____	HOUSE PAYMENT/RENT:	\$ _____
SAVINGS:	\$ _____	OTHER BILLS/LOANS:	\$ _____
REAL ESTATE:	\$ _____	UTILITIES:	\$ _____
HOME:	\$ _____	INSURANCE:	\$ _____
AUTOMOBILES:	\$ _____	AUTOMOBILE:	\$ _____
PERSONAL PROPERTY:	\$ _____	MEDICAL:	\$ _____
OTHER:	\$ _____	OTHER:	\$ _____
TOTAL ASSETS:		TOTAL MONTHLY LIABILITIES:	
	\$ _____		\$ _____

COMBINED SOURCES OF INCOME

PREVIOUS YEAR'S IRS RETURN MUST BE PROVIDED.

INCOME TYPE	MONTHLY	ANNUAL
SALARY	\$ _____	\$ _____
BONUSES & COMMISSIONS	\$ _____	\$ _____
ALIMONY/CHILD SUPPORT	\$ _____	\$ _____
REAL ESTATE INCOME	\$ _____	\$ _____
ALL OTHER INCOME	\$ _____	\$ _____
TOTAL INCOME		
	\$ _____	\$ _____

("ALL OTHER INCOME" INCLUDES GRANTS, SOCIAL SECURITY, MEDICAID, ETC.)

SIGNATURES

TREATING VETERINARIAN'S SIGNATURE:

IN SIGNING THIS APPLICATION, I VERIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE DIAGNOSIS OF AND PROGNOSIS FOR THE NAMED DOG ARE STATED ACCURATELY AND THAT I SUPPORT THE ABOVE-DETAILED "RECOMMENDED TREATMENTS" AT THIS TIME.

SIGNATURE: _____ **DATE:** _____

REQUESTER'S SIGNATURE:

IN SIGNING THIS APPLICATION, I AGREE TO ALLOW MY DOG AND/OR MYSELF TO BE NAMED AND/OR PHOTOGRAPHED, IN ORDER TO BE USED IN SUPPORT OF CANINE CANCER AWARENESS FUND-RAISING ACTIVITIES. I ALSO UNDERSTAND THAT IT MAY BE NECESSARY TO APPEAR BEFORE THE FINANCIAL ASSISTANCE COMMITTEE TO SUPPLY FURTHER INFORMATION.

I ALSO UNDERSTAND AND ACCEPT THE FOLLOWING:

- *FINANCIAL ASSISTANCE WILL BE AWARDED AT THE SOLE DISCRETION OF CANINE CANCER AWARENESS. CANINE CANCER AWARENESS RESERVES THE RIGHT TO REJECT APPLICATIONS WITH OR WITHOUT CAUSE AND BASED ON THE AVAILABILITY OF FUNDS.*
- *FINANCIAL ASSISTANCE, IF AWARDED, WILL BE PAID DIRECTLY TO THE VETERINARIAN OR CLINIC PROVIDING SERVICES AND WILL NOT BE PAID TO THE APPLICANT. THE SCHEDULE OF FINANCIAL ASSISTANCE PAYMENTS (E.G., ONE-TIME, TREATMENT-BY-TREATMENT, ETC.) WILL BE DETERMINED ON A CASE-BY-CASE BASIS AND WILL DETERMINED BY CANINE CANCER AWARENESS.*
- *AN AWARD OF FINANCIAL ASSISTANCE DOES NOT CONSTITUTE A RECOMMENDATION BY CANINE CANCER AWARENESS OF ANY PARTICULAR VETERINARIAN, CLINIC, OR TREATMENT PROTOCOL.*
- *CANINE CANCER AWARENESS ASSUMES NO LIABILITY FOR VETERINARY CONDUCT, NEGLIGENCE, OR MALPRACTICE AND TAKES NO RESPONSIBILITY FOR SHORT-TERM OR LONG-TERM RESULTS OF TREATMENT.*

I FURTHER CONFIRM THAT THE INFORMATION IN THIS APPLICATION HAS BEEN FREELY AND TRUTHFULLY GIVEN TO EXPEDITE THIS FINANCIAL ASSISTANCE REQUEST.

SIGNATURE: _____ **DATE:** _____

THIS APPLICATION CANNOT BE CONSIDERED UNTIL THIS FORM IS COMPLETED, SIGNED, AND ALL SUPPORTING DOCUMENTS ARE RECEIVED.



RELEASE AUTHORIZATION for FINANCIAL ASSISTANCE



This is my authorization to release all information about my dog _____ (dog's name) to Canine Cancer Awareness, Inc.

Owner's Signature: _____

Owner's Printed Name: _____

Date: _____

Please give one copy of this page to your veterinarian and send one copy with the application to:

CANINE CANCER AWARENESS, INC.
PO Box 22
Litchfield, ME 04350