## SOUTH PARK GOOD SAMARITAN FUND for ANIMALS Financial Assistance for Veterinary Treatment Application

## Application must be fully completed before submitting.

Name:	Date:_	Date:			
Mailing Address, including To	own & Zip Code:				
Physical Address:					
Home phone:	Work or cell phone:	Work or cell phone:			
Spouse or other owner:			_		
Animal name:	Species: I	Oog C	at		
Breed:	Gender:	M F	•		
Age: Description	n:				
	al assistance: (choose one only)				
Low income	level				
Senior on fixe					
Unemployme	ent				
	edical expenses in household				
Other (please	e explain)				
4 5 5 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>					
Family information:					
Number of adults and c	hildren in household:				
Total household ANNII	AI gross income (before withholding)				

Please circle	one: Rent	Own/Buying home	Living with others	
Number of d	logs in househol	d: # s <sub>l</sub>	payed or neutered:	
Number of c	ats in household	d: # sp	ayed or neutered:	- '
Please use th	is space to expl	ain why you need assis	tance:	
<u> </u>				
copies of any include: payr medical profer I here my knowledgare any comp SAMARITA understand the	documents that oll stubs, unemplessional.  by certify that the ge. I agree to holdications during and FUND will not the that many veterinal	you feel will support yo loyment documentation, e information I have produced the GOOD SAMARI surgical procedures on rot be held liable for any	us in validating your request ur request for assistance. Et social services information ovided is truthful and correct TAN FUND harmless in the my pet. Furthermore, the Gadditional charges related the accinations prior to surgery	examples and, letter from a  set to the best of the event there  OOD to this request.
Signature		<del></del>	Date	
Please mail	or email the con	ipleted application to:		
Email:	spgoodsamari	itanfund@gmail.com		
Mail:	South Park G P.O. Box 1956 Fairplay, CO		UND for Animals	
Telephone:	719-836-2260			

Revised 10/17