



HSSBV Medical Assistance Conditions

Dear Applicant,

Thank you for your inquiry into the Medical Assistance Program for low income pet owners. Attached is the application form. In order for the Humane Society of San Bernardino Valley to expedite your request for veterinary care on behalf of your pet, please fill out this application form **legibly, completely** and **return** it to the HSSBV. Make sure that you include all necessary documents listed below. The HSSBV will then make every attempt to process your application for approval. Turning in your application does not guarantee assistance.

Only those individuals providing verification of the following requirements will be eligible for assistance:

- **Photo Identification**
- **Proof of ownership of the pet (city license, vet records, etc)**
- **First page of income tax return paperwork**
- **Proof of one of the following (must be dated within the last two months):**
 - **Unemployment benefits**
 - **SSI disability benefits**
 - **Social Security benefits**
 - **Non-commissioned active military**
 - **WIC recipient (WIC debit card is not proper documentation)**
 - **Low income client with the following documentation**
 - **Income tax return shows client lives at or below the poverty line**
 - **Income tax return shows client is eligible for WIC**

The Medical Assistance program has limited financial aid available and is not meant as a resource to manage the continuing care of a pet. The intent of the grant is to assist as many pet parents and their pets within each funding period. You may receive full or **partial** payment assistance with your request. The program is limited to the care of two pets per application. If you have any questions regarding this program please contact our office.

Respectfully,

The Humane Society of San Bernardino Valley
374 W. Orange Show Road
San Bernardino, CA 92408
(909) 386-1400



MEDICAL ASSISTANCE GRANT APPLICATION FORM

Client Name: _____ Acct #: _____

Address: _____ City: _____ Zip: _____

Telephone: () ____ - _____

Number of people in household: _____ Current monthly income: \$ _____

Amount you are able to contribute to care: \$ _____

Sources of income:

- Social Security
- SSI
- Pension
- Employment
- Other: _____

List your total number of pets:

- Dogs: _____
- Cats: _____
- Other: _____

Which pet(s) currently need veterinary care?

Type (dog, cat, or other): 1st _____ 2nd pet: _____

Name of pet(s): 1st _____ 2nd pet: _____

Sex of pet(s): 1st pet: Male Female 2nd pet: Male Female

Age of pet(s): 1st: _____ 2nd pet: _____

Breed(s): 1st: _____ 2nd pet: _____



Type of Service Requested:

- _____ Dental Care.....Estimated Cost: \$ _____
- _____ Medical care by veterinarian.....Estimated Cost: \$ _____
- _____ Emergency care.....Estimated Cost: \$ _____
- _____ Lab work/ Diagnostic testing.....Estimated Cost: \$ _____
- _____ Annual Exams/Vaccinations.....Estimated Cost: \$ _____
- _____ Unusual medical procedures/medications.....Estimated Cost: \$ _____
- _____ Euthanasia Services..... Estimated Cost: \$ _____
- _____ Client Contribution.....: \$ _____

The information provided above is true and accurate. I understand that Banfield Charitable Trust funding is limited and I may not receive assistance, even if I qualify, if there is no more funding for the current fiscal year. Final approval is at the discretion of the Humane Society of San Bernardino Valley.

Signature _____
Date

.....
For Staff Use Only

Application Check List- Photo copy:

- CA Drivers License (all applicants)
- W-2 to determine household size (all applicants)
- Unemployment Verification
- SSI Disability Verification
- Social Security Verification
- Non-commissioined Active Military
- WIC Verification (WIC debit card not accepted)
- Proof income meets WIC recipient guidelines or state low income guidelines
- Emergency

Proof of Pet Ownership:

- Dog License
- Past Medical Records
- Other (specify): _____

Completed by Name: _____ Title: _____