



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 if this is your first time at our clinic with your pet (city license, vet records, etc)**
- **First page of most recent 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 **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: \$ _____

Estimated amount you are able to contribute to care: \$ _____

I understand filling out this application does not guarantee financial assistance. I also understand if I do not supply the requested documents, my application will not be processed.

I understand APPLICATION AND MATERIALS MUST BE TURNED IN BEFORE MY SCHEDULED APPOINTMENT. "Day of" assistance will not be available unless arranged in advance with a staff member by appointment.

I also understand I am responsible for paying the balance after assistance on the date of service.

Client signature _____

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?

Pet #1

Breed of pet: _____

Name of pet: _____

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

Age of pet: _____

Pet #2

Breed of pet: _____

Name of pet: _____

2nd pet: Male Female

Age of 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: \$ _____
- _____ Unusual medical procedures/medications.....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

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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: _____