



The Humane Society
of San Bernardino Valley
CARING FOR ALL ANIMALS IN NEED.

Herdina Grant Conditions

Dear Applicant,

Thank you for your inquiry into the Herdina Grant Program for seniors. Attached is your Herdina Grant 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 providing proof of age, income, residency, and pet ownership. The HSSBV will then make every attempt to process your application for approval. Only those individuals meeting the requirements will be eligible for assistance.

- **Seniors sixty-six years of age and over.** (Copy of Driver's License or CA Identification Card)
- **Permanent resident of Riverside or San Bernardino County.** (Copy of utility bill)
- **Maximum income of \$3,000.00 a month for one person.** (Bank statement less than 2 months old or most recent tax return documents)
- **Service limited to the care of two pets.**

The Herdina Grant 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 seniors and their pets within each funding period (calendar year). You may receive full or **partial** payment assistance with your request. You may be required to provide additional documentation while your application is being considered. The program is limited to the care of two pets per application. Once your application has been approved, you must obtain permission before requesting any veterinary service for your pet. Herdina funds will be made payable directly to the servicing veterinary hospital not the individual recipient. Seniors may select and utilize any veterinary hospital as long as the selected hospital is willing to provide medical care to the pet and defer payment to the HSSBV. 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



**The Community Foundation
Serving Riverside and San Bernardino Counties**

Albert & Anna Herdina Memorial Fund for Animals

The Herdina Memorial Fund was established in 2002 by a generous bequest from Mary C. Herdina (1917-2001), a long time Riverside resident and animal lover. The Fund can assist indigent seniors sixty-six years of age and over with veterinary care for their pets.

APPLICATION FORM

Client Name: _____ Acct #: _____

Address: _____ City: _____ Zip: _____

Telephone: () ____ - _____ Client's Age: _____

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 pets(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: _____



The Community Foundation Serving Riverside and San Bernardino Counties

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 Herdina 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 agency administering the Herdina Funds and The Community Foundation, serving Riverside and San Bernardino.

Signature

Date

For Staff Use Only

Proof of Age:

CA Driver's License
 Birth Certificate
 Other (specify): _____

Proof of Income:

Bank statement (less than 2 months old)
 Federal Income Tax Form
 Other (specify): _____

Proof of Residency:

Utility Bill
 Other (specify): _____

Proof of Pet Ownership:

Dog License
 Past Medical Records
 Other (specify): _____

Completed by:

Name: _____ Title: _____