



## **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 pet(s) currently need veterinary care?**

Type (dog, cat, or other): 1st \_\_\_\_\_ 2<sup>nd</sup> pet: \_\_\_\_\_

Name of pet(s): 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> pet: \_\_\_\_\_

Sex of pet(s): 1<sup>st</sup> pet: ☐ Male ☐ Female      2<sup>nd</sup> pet: ☐ Male ☐ Female

Age of pet(s): 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup> pet: \_\_\_\_\_

Breed(s): 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup> 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: \_\_\_\_\_