

Guardian Angel Legacy Fund Application

This is an application for the following veterinary services: _____

Name, breed and sex of pet needing veterinary treatment or surgery _____

Names and breeds of other pets in household _____

Your Name _____ Date _____

Telephone _____ Email _____

Current address _____ City _____

Reason that financial assistance is needed? _____

Additional Information _____

Have you applied for G. Angel assistance in the past? ____ Under what name? _____

Employment and Income verification:

Occupation or source of income _____

If working, where? _____ Monthly wage/ other income _____

Other income? i.e. savings, disability, income assistance _____

Please provide proof of low income, poverty status or other hardship i.e. tax return, SSI info, food stamps. Provide a copy or present to front desk staff.

Policy Statement: The Guardian Angel Legacy Fund will be used for truly needy pet owners. Applicants will be required to apply for Scratchpay or CareCredit before applying for funding assistance. Pet owners may apply to receive low cost spay/neuter pricing through Galesburg Animal Hospital using this form. If approved, low cost spay/neuter clients will be encouraged to make weekly payments toward an elective service (prepay in advance of the service being provided). Funds for spay or neuter of stray cats will be available to anyone and will not need to be qualified.

Donations to the Guardian Angel Legacy Fund are appreciated! Please make payment to Galesburg Animal Hospital and designate to Guardian Angel Legacy Fund. Thank you!