

Dear Veterinary Professional,

You are receiving this letter of introduction, along with an explanation of our payment policies and a Veterinarian's DX/Treatment Form, because your client is in the process of applying for financial assistance with Paws 4 A Cure.

Receipt of this letter does not imply that Paws 4 A Cure has approved their application. Paws 4 A Cure will always send a Acceptance Letter when an application is approved.

Paws 4 A Cure is an all-volunteer, registered 501(c)(3) nonprofit organization founded in 2008 that provides financial aid to qualified applicants for non-routine veterinary care. Since 2008, Paws 4 A Cure has been successful at helping to save the lives of over 300 canines and felines and has paid over \$175,000 to veterinary practices throughout the United States.

It is our hope that you will consider working with our organization so we can help your client and their fur child receive the veterinary care that they need.

Before we can determine whether or not we can assist this companion animal, we will need a completed Veterinarian DX/Treatment form, a detailed estimate and office notes from your office. The estimate should be broken out, so that we can determine which portions of the pet's treatment may qualify for financial aid.

Paws 4 A Cure does not provide assistance for any routine care, such as vaccinations, spaying/neutering or flea/tick and Heartworm preventative medication. We do provide assistance with veterinary care for all illnesses and injuries which also includes medication, insulin, Heartworm positive treatment and wheelchairs.

We are hopeful that you will consider offering Paws 4 A Cure a charitable discount, as our funds are always very limited. With the current economic crisis, our donations are at an all-time low and the number of applications received has increased considerably.

Given the opportunity to work with your facility, you will find Paws 4 A Cure to be a very professional organization with an impeccable reputation. For a list of veterinary practices that we have worked with throughout the United States, please visit <http://www.paws4acure.org/veterinary-professionals.php>.

To learn more about working with Paws 4 A Cure, please visit our web site at: www.paws4acure.org.

Sincerely,
Keri Goldman, President and Founder
grants@paws4acure.org



 Paws 4 A Cure 

P.O. Box 1821, Wakefield, MA, 01880

www.paws4acure.org

Federal Tax ID # 26-3992807

Helping our furry family members get a fighting chance at life!

Paws 4 A Cure is an all-volunteer 501(c)(3) nonprofit organization that provides financial assistance throughout the United States to those who cannot afford veterinary care for their beloved furry family members. Paws 4 A Cure helps dogs and cats with all illnesses and injuries.

Paws 4 A Cure does not discriminate against breed, age, or diagnosis.

Paws 4 A Cure Payment Policies

- ❧ Paws 4 A Cure cannot assist with charges incurred prior to approval of application and receipt by veterinarian of the Acceptance Letter.
- ❧ Paws 4 A Cure cannot pay for treatment in advance.
- ❧ Paws 4 A Cure cannot pay a deposit.
- ❧ Paws 4 A Cure cannot reimburse the applicant for any payments made to the veterinarian.
- ❧ Paws 4 A Cure cannot pay on an invoice showing no balance due.
- ❧ Paws 4 A Cure will send a check via the U.S. mail within 30 days of receipt of an itemized invoice emailed or faxed by the veterinary practice.
- ❧ Paws 4 A Cure will pay only up to the invoice balance due.
- ❧ Paws 4 A Cure cannot pay for diagnostics. A diagnosis is required prior to the applicant applying for assistance.
- ❧ Paws 4 A Cure does not provide financial assistance for vaccinations, spaying/neutering or euthanasia.
- ❧ Paws 4 A Cure will only make payment to a veterinarian clinic or hospital. Funds are never disbursed to an applicant.
- ❧ If the applicant has CareCredit, they **MUST** use it first. Paws 4 A Cure cannot reimburse for a CareCredit payment or any other payment made.
- ❧ If the application is accepted, the applicant **must** supply a photo of the dog/cat and their story for a fundraising page to be created by Paws 4 A Cure. If not received, Paws 4 A Cure is unable to fundraise for the applicant's dog or cat therefore, no payment will be released.
- ❧ Paws 4 A Cure will not hold reserved funds in a pet's account for more than 60 days. If an invoice is not received within 60 days, the funds will be redistributed to the General Fund.
- ❧ If the application is accepted, the veterinary practice's W9 will be required for Paws 4 A Cure to remit payment. Being that Paws 4 A Cure is a 501(c)(3) nonprofit charity, we have to report our payments to the IRS. Your practice's EIN is kept confidential and will not be made public, it is for reporting purposes only.



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Veterinarian DX/Treatment Information

This form is to be completed by the veterinary practice that is treating the patient.

*** Paws 4 A Cure does not provide financial assistance for vaccinations, spaying/neutering or euthanasia.**

*** Paws 4 A Cure cannot assist with charges incurred prior to approval of application.**

Today's Date: _____

Client's Name: _____

Pet's Name: _____ Client ID: _____

Diagnosis (diagnosis required): _____

Prognosis with treatment: Poor Fair Good Excellent

Treatment already provided: _____

What treatment is still needed? Please explain. (Paws 4 A Cure cannot pay for diagnostics): _____

In your opinion, is this pet likely to die or require euthanasia within 10 days if not treated? **Yes** **No**

If yes, please explain why: _____

How soon could treatment occur, if funds were available? _____

Total amount of the estimate (you must attach a detailed estimate as well): \$ _____

Is the pet spayed/neutered? **Yes** **No**

Is the pet inpatient now? **Yes** **No**

Does your office offer you clients payment plans? **Yes** **No**

Does your office accept CareCredit? **Yes** **No**

Does the pet have insurance? **Yes** **No**

Insurance carrier: _____



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Name of hospital or practice: _____

Name of attending veterinarian: _____

Name of veterinary practice's contact person: _____

Title of contact person: _____

Veterinary practice's address for payment remittance: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

Discount extended to Paws 4 A Cure: _____%

Payment Terms

Paws 4 A Cure cannot assist with charges incurred prior to approval of application and receipt by veterinarian of a New Paws Recipient Acceptance Letter. If your client is approved by Paws 4 A Cure for financial aid and a Acceptance Letter is provided to you prior to treatment being given, Paws 4 A Cure will send a check via mail within 30 days of receipt of an itemized invoice emailed or faxed by the veterinary practice.

Please sign below:

By signing below, you affirm that you understand and agree to accept Paws 4 A Cure's payment terms. To be signed by the veterinary practice only, not the applicant.

Signature: _____

Please print yourname/title: _____

If you have any questions, please send an email to grants@paws4acure.org.

Please email or fax this form along with an estimate and office notes to (866) 799-5166.

**** If the application is accepted, your W9 will be required for Paws 4 A Cure to remit payment. ****



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Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
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Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.