

Steps to the Application Process

1. The applicant must contact the veterinary practice treating their dog or cat's illness or injury to ask if they are willing to work with nonprofit organizations for financial assistance.
2. The applicant is responsible for obtaining the email address of the treating veterinary practice and including it in their application.
3. The applicant must read all guidelines and policies provided in the following pages thoroughly before applying.
4. The applicant must collect all required documentation that demonstrates financial hardship (examples are provided on page 4). These documents must be submitted along with the completed application for assistance.
5. **Paws 4 A Cure will not review or respond to applications until both the completed application and proof of hardship documentation have been received.**
6. Once the application and documentation are received, Paws 4 A Cure will email the veterinary practice a Veterinary Packet to complete and return, along with a detailed estimate for the treatment still needed.
7. The applicant is encouraged to apply to multiple financial assistance programs in addition to Paws 4 A Cure to increase the likelihood of receiving sufficient funding. A list of additional resources is available on our Helpful Resources page: <https://www.paws4acure.org/helpfulresources.php>
8. After the treating veterinary practice submits the completed Veterinary DX/Treatment Information form and treatment estimate, Paws 4 A Cure will email the applicant with a few follow-up questions based on the veterinary documentation. This information is used to determine whether a grant can be awarded, and if so, for what amount.

Decisions are based on several factors, including medical urgency, financial need, available funding, and overall eligibility. Due to the overwhelming number of applications we receive, we regret that we are unable to assist every applicant.

If the application for assistance is approved

1. Both the applicant and the treating veterinary practice will receive an approval email along with an official Acceptance Letter before any treatment is performed.
2. The approved applicant must complete all requirements outlined in the approval email to allow Paws 4 A Cure to create an official fundraising page. Note: We cannot use existing fundraising platforms (e.g., GoFundMe). Only fundraising pages created by Paws 4 A Cure are eligible. If these requirements are not completed, Paws 4 A Cure cannot fundraise on behalf of the applicant's pet, and no payment will be released. The applicant will then be fully responsible for all veterinary charges. Exceptions may be made in special cases, such as domestic violence situations.
3. The applicant's dog or cat will receive the veterinary treatment if they have enough funding.
4. Once the approved applicant receives the email that the Paws 4 A Cure fundraising page is complete. The approved applicant is **REQUIRED** to fundraise by sharing the fundraising page that Paws 4 A Cure creates with your friends and family to generate donations for your dog or cat's veterinary care. If you are in need of additional funding, you should reach out to your local news media to reach a larger audience. We do make exceptions, especially for domestic violence situations.
5. The veterinary practice will email or fax the detailed invoice to Paws 4 A Cure.
6. Paws 4 A Cure will send a check via the U.S. mail to the veterinary practice within a week following receipt of an itemized invoice emailed or faxed by the veterinary practice.
7. The approved applicant will provide Paws 4 A Cure updates on their dog or cat's health.

IMPORTANT INFORMATION

- * **Paws 4 A Cure does not provide financial assistance for vaccinations, spaying/neutering, heartworm preventative, flea/tick preventative, routine dental care, routine veterinary care or euthanasia.**
- * **Paws 4 A Cure cannot assist with charges incurred prior to approval of application.**

You may be ineligible for financial assistance from Paws 4 A Cure if:

- You are not a resident of the United States.
- You cannot provide proof of ownership of the dog or cat.
- You do not submit all required documentation requested by Paws 4 A Cure.
- You have been approved for the full treatment amount through CareCredit or another financing option.
- You are requesting payment for a past-due or outstanding bill.
- Your pet is currently being held at the veterinary office due to non-payment.
- You are requesting reimbursement for veterinary expenses that have already been paid.
- Your veterinarian has agreed to a payment plan, and treatment can proceed without a grant.
- Your pet has not yet received a diagnosis and still requires testing to determine one.
- You are seeking help for elective procedures or non-essential surgeries that are not critical to your pet's survival or well-being.

Funding Information

Decisions are based upon several factors, including medical urgency, financial need, available funding, and eligibility. Please be advised that the maximum assistance available from Paws 4 A Cure is \$400.

If your application is approved, Paws 4 A Cure will set up a fundraising page in order to solicit these funds. In order that Paws 4 A Cure may create a fundraising page, you will be required to provide: a picture of your dog/cat, a family photo including your dog/cat, your dog's/cat's story including his/her medical condition, information as to why additional assistance is necessary, and a "thank you" to donors helping your dog/cat. The fundraising pages are a crucial part of the ability to finance, in part, your dog/cat care. The fundraising page is to raise funds so that we can continue to help other dogs and cats receive urgent veterinary care as your dog/cat is. Paws 4 A Cure cannot use your already existing GoFundMe page or another fundraising page on another platform other than created by Paws 4 A Cure. If the requirements are not received, Paws 4 A Cure is unable to fundraise for your dog/cat, therefore, no payment will be released, and you will be responsible for the charges.






If you should need additional funds on top of the Paws 4 A Cure approved grant amount, we will make the fundraising page goal that amount. Any amount raised over the approved grant amount will be sent to the veterinary practice if there is a remaining balance due.

Paws 4 A Cure Payment Policies







- 🐾 Paws 4 A Cure cannot assist with charges from prior to the approval of an application. Paws 4 A Cure provides assistance for treatment still needed.
- 🐾 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.
- 🐾 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.
- 🐾 Paws 4 A Cure will pay only up to the grant amount. If the balance is lower than the grant amount, Paws 4 A Cure will not pay the full amount of the grant.
- 🐾 Paws 4 A Cure will only make payment to a veterinarian, clinic or hospital. Funds are never disbursed to an applicant.
- 🐾 Paws 4 A Cure cannot pay on an invoice showing no balance due.
- 🐾 If the application is accepted, the applicant must supply a photo of their dog/cat and their story for a fundraising page to be created Paws 4 A Cure. We ask that each approved applicant helps to fundraise for their dog or cat's care by sharing the fundraising page that Paws 4 A Cure creates to bring in much needed funds so that we can continue to help those in need. If the applicant does not provide the requirements for the fundraising page to be created, Paws 4 A Cure is unable to fundraise for the applicant's dog or cat. Therefore, no payment will be released and the applicant will be responsible for the charges. We do make exceptions, especially for domestic violence situations.
- 🐾 For Paws 4 A Cure to remit payment, the veterinary practice is to send an itemized invoice via email to grants@paws4acure.org or faxed to (866) 799-5166 after the treatment has been performed. The payment will be processed through our Bank of America bill pay within a week of receipt. An email is then sent to the veterinary practice with the BOA confirmation number and date that the check will be received. The payment is sent directly from Bank of America that normally arrives within a week as long as it is not within the holiday season.

Application Checklist

Below applies for all members of your household over 18 years of age that contribute to the household finances.

-  **(REQUIRED)** Complete the application on pages five and six
-  **(REQUIRED)** Copy of the front of your license or picture ID.
-  **(REQUIRED)** Copy of your most recent bank statement and a current screenshot showing the balance for each of your bank accounts.
-  **(REQUIRED)** Proof that you cannot financially afford the veterinary care without a grant. Below is a list of documents that are acceptable proof of hardship. You need to submit documents that best demonstrate your current financial situation and why you are unable to afford to pay for the veterinary care on your own.
-  **(REQUIRED)** Explain in the body of your email why you cannot afford the treatment on your own.

For your protection – before sending any documents to Paws 4 A Cure, please black out all occurrences of account numbers and/or social security numbers. If they show, please be ensured that your private information will not be shared.

-  Last pay stub (if employed) for all members of your household over 18 years of age.
-  All pages of your last tax return for all members of your household over 18 years of age.
-  Letter of acceptance from any form of Social Security, proof of current Social Security, Unemployment, Disability, SNAP, Medicaid/Medicare, WIC, Public Housing, Section 8, Transitional Assistance.
-  Copy of your approval/denial letter from CareCredit (if your veterinary office accepts) for all members of your household over 18 years of age and your most recent statement.
-  A copy of your pet's insurance policy (if applicable).
-  **Any document that proves that you cannot afford the veterinary care on your own or all members of your household over 18 years of age.**

Do not provide any veterinary documents, that will come from the treating veterinarian.

Your completed documentation can be sent using one of the following methods:

-  Via fax (866) 799-5166
-  Scanned as a PDF file and emailed to grants@paws4acure.org

Do **NOT** mail your documents. It slows down the process as the PO Box is checked once a month. Image files must be legible (not blurry). The documentation must be close-up for Paws 4 A Cure to read. We cannot process your application if we cannot read them.

Scanners and faxes are available at copy stores, libraries, business offices and at your veterinary practice.



Paws 4 A Cure

Paws 4 A Cure Application For Assistance

*** Required Fields must be completed.**

APPLICANT'S INFORMATION (please type or print clearly)

| | | | |
|--|---------|--------------------------------------|---------------|
| *Applicant's First and Last Name: | | *Age: | *Phone: |
| *Street Address: | | | Apt. or Unit: |
| *City/Town: | *State: | | *Zip Code: |
| *Email (REQUIRED): | | *How many people live in your house: | |
| *Please email the First & Last Name, their Age & Relationship to you of everyone living in the home other than you. | | | |
| *Your Employer's Name and Phone #: | | | |
| *What is your current monthly pay after taxes from employer: | | | |
| *Please select the statement that applies to your normal financial situation: <input type="checkbox"/> Recent loss of job (within 6 months) <input type="checkbox"/> Major medical diagnosis <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Permanent Disabled (SSDI) <input type="checkbox"/> Temporarily Disabled <input type="checkbox"/> Veteran of the United States Military | | | |
| *Are you currently receiving: <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> WIC <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 Please provide documentation if you receive any of the above. | | | |

SPOUSE OR DOMESTIC PARTNER'S INFORMATION (please type or print clearly)

| | |
|--|------|
| Spouse or Domestic Partner's Full Name: | Age: |
| Employer's Name and Phone Number: | |
| What is your Spouse or Domestic Partner's current monthly net pay from their employer: | |
| Please select the statement that applies to your Spouse or Domestic Partner's normal financial situation: <input type="checkbox"/> Recent loss of job (within 6 months) <input type="checkbox"/> Major medical diagnosis <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Permanent Disabled (SSDI) <input type="checkbox"/> Temporarily Disabled <input type="checkbox"/> Veteran of the United States Military | |
| Is your Spouse or Domestic Partner's currently receiving: <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> WIC <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 Please provide documentation if you receive any of the above. | |

***Please explain why your household cannot afford the veterinary care. Do not include anything about the veterinary care. It is about your financial situation. (If longer than two sentences, type it in your email):**


PET INFORMATION One pet per application (please type or print clearly)


| | | |
|---|--|--|
| *Pet's Name: | * <input type="checkbox"/> Dog or <input type="checkbox"/> Cat | Breed (if a dog): |
| *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | *Age: | *Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Date of injury or illness: | | |
| *Explain your pet's illness or injury: | | |
| *Explain the treatment already performed & the treatment still needed (diagnosis required) : | | |
| *What is the estimated cost of the treatment?: | *What amount are you able to contribute?: | |
| *What amount are you asking for Paws 4 A Cure's help? (maximum \$400): | My dog is a trained service animal: <input type="checkbox"/> Yes | |
| *Do you have pet insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so please list carrier: | |
| *Treating Veterinary Practice's Name: | | |
| *Treating Veterinary Practice's Street Address, City/Town, State & Zip code: | | |
| *Veterinary Practice's Phone Number: | Veterinary Practice's Fax: | |
| *Veterinary Practice's Email Address (REQUIRED) : | | |



Paws 4 A Cure Application For Assistance

How did you hear about Paws 4 A Cure? _____

After you complete the information on the first page of the application, save the completed file to your electronic device by clicking the download icon  at the top right of your screen. Select WITH YOUR CHANGES. Once saved, sign the two sections below by clicking on the signature field and use your digital signature. Email or fax both pages of this application with your proof of hardship documents. If you do not have a digital signature already set up in Adobe, you can click on the signature field and it will walk you through how to create a digital signature.

If you prefer not to create a digital signature, click the print icon  at the top right of your screen. You will sign both sections below and scan these two pages to your electronic device. Email or fax both pages of this application with your proof of hardship documents.

AGREEMENT AND SIGNATURE

By signing below, you agree to Paws 4 A Cure's policies/guidelines and attest that the information provided is truthful. **I understand that my application will not be responded to until your application AND your proof of hardship documents listed on page 4.** The undersigned hereby releases Paws 4 A Cure, from any and all liability related to the financial aid provided. Agree not to hold Paws 4 A Cure, its volunteers, Board of Directors, and benefactors legally liable in the unfortunate event your pet(s) succumbs to illness or injury.

*Signature: _____ *Date: _____

Please sign below that you understand that if you are approved, you are required to provide pictures and story for our Paws Recipient page, and fundraising page that is shared on our Paws 4 A Cure Facebook, Instagram and Twitter pages. Without this information, Paws 4 A Cure cannot fundraise for your furchild and no grant will be provided. Your signature below also grants Paws 4 A Cure permission to use your story and/or pictures in our newsletter or on our website, without compensation. (The story and/or photos will not include your name or city/town). You are also agreeing that you will share the fundraising page.

*Signature: _____ *Date: _____

You are required to send your proof of hardship with your application. As a reminder, your application for assistance will not be responded to until Paws 4 A Cure receives the applicant's application for assistance AND proof of hardship documentation listed on page 4 titled Application Checklist.