



This form is NOT for use by Pet Owners and is VALID only if completed and submitted SOLELY by a licensed practicing New Jersey Veterinarian. Thank you for your cooperation.

AMOUNT REQUESTED \$

PATIENT INFORMATION

Name _____

Breed _____ Color _____

DOB _____ Sex _____ Weight _____

Primary Complaint _____

History _____

Diagnostics _____

Treatments/Medications _____

CLIENT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Cell Phone (_____) _____

Email _____

REQUESTING VETERINARIAN INFORMATION

Name _____

Hospital _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Fax (_____) _____ Email _____

Authorized Veterinarian Signature _____ Date _____

TO BE COMPLETED BY REQUESTING VETERINARIAN

Has client provided proof of regular veterinary care within the past 3 years? Yes No

Has patient been examined by a participating veterinarian? Yes No

Date of Exam _____ Diagnosis _____ Examined by _____

Has co-pay been collected from owner? Yes No Has owner signed release form? Yes No

Date _____ Amount _____ How was payment made? Cash Check Credit Card

Has client applied for Care Credit? Yes No If yes, amount approved _____

Does client have pet insurance? Yes No If yes, has claim been filed Yes No

Estimated cost of service _____ Amount client will be responsible for _____

Veterinarian to provide treatment and receive SUSP Funding:

Name _____ Hospital _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____



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GRANT APPLICATION

Save U.S. Pets FOUNDATION RECOMMENDATIONS

In Non-Emergency Situations, the approval of at least three (3) SUSP Advisory Board Members must be obtained. In Emergency Situations, the approval of at least one (1) SUSP Advisory Board Member must be obtained.

_____	_____
Advisory Board Member	Date
_____	_____
Advisory Board Member	Date
_____	_____
Advisory Board Member	Date

APPROVAL OF DISBURSEMENT ADMINISTRATOR

\$ _____	_____	_____
Approved Grant Amount	Signature	Date

If funding has been denied, please explain: _____

Save U.S. Pets FOLLOW-UP/ FINALIZATION

Have Save U.S.Pets funds been sent to treating veterinarian? Yes No

Date _____ Amount _____

Has a copy of application been given to the Marketing/PR Department? Yes No

Has a copy of application been given to the Finance Department? Yes No

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 Website: www.saveuspets.org * Email: info@saveuspets.org