

Our goal is to provide financial assistance for critical care, as well as emergency treatment of your pets. We are unable to provide assistance in terminal cases; however we will offer financial assistance with euthanasia to give the pet peace.

**Application Process:**

Please complete the entire application and provide us with an email address or fax number. A legible application will expedite processing.

To apply you will need:

1. A completed application.

2. A brief explanation of your pet’s medical condition.

3. An explanation of your financial need.

Examples include:

a. Medicare, or Medicaid recipient

b. Disability

c. Social Security

d. Unemployment Recipient

e. Low Income

f. Other extenuating circumstances considered on a case by case basis.

4. Attach the dated treatment plan from the veterinarian detailing:

a. Pet’s name and age

b. Diagnosis

c. Prognosis

d. Itemized breakdown of costs for treatment needed

**Fax to: 360-558-7950 or email guardian@fourpawslifeline.org**

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| **Four Paws Lifeline Financial Application** | | | |
| Name of Applicant: |  | | |
| Occupation: |  | | |
| Name, Age and Type of pet: |  | | |
| Address: |  | | |
|  |  | | |
| Phone Number with Area Code (Home): | (Cell) | | |
| Email address: |  | | |
| Name, Address, Phone & Fax Number of Veterinarian: | | | |
|  | | | |
| Description of Diagnosis and Medical Treatment Needed | | | |
|  | | | |
| Estimated Cost of Treatment:  $ | | |  |
| **Amount You can Contribute: $** | | |  |
| Please list other sources you have exhausted: | | | |
| I attest that the information I have provided to Four Paws Lifeline is accurate and complete. I give my consent to allow Four Paws Lifeline to contact the veterinarian listed above for any clarification or verification of information.  I also understand and agree that all payments will be made directly to the veterinarian treating my pet. I understand that the application must be submitted within 12-32 hours of diagnosis and the treatment plan.  I understand that Four Paws Lifeline assumes no liability and makes no assurances as to the appropriateness, quality or outcome of any medical diagnoses, treatments, products or services rendered by the veterinarian.  I agree that I have reviewed and understand the application process completely and will provide Four Paws Lifeline with all documentation needed to process my application.  I consent to the use of any pictures of my pet or its owner(s) by Four Paws Lifeline, as well as a description of the medical care for purposes of promotion and fundraising. | | | |
| Signature: | | Date: | |



Fax # 360-558-7950 or Email: [guardian@fourpawslifeline.org](mailto:guardian@fourpawslifeline.org)