



Having Trouble Affording Veterinary Care?

Cavalier Alliance Care Grant Q2 2015 Grant Cycle

Cavalier Alliance provides limited financial assistance grants to Cavalier King Charles Spaniels adopters who are in need of help paying for veterinary care. The typical grant ranges from \$25-200 per quarter based on (1) medical urgency, (2) financial need, (3) available funding, and (4) eligibility.

Financial assistance grants are available for the preventive and medical needs of cavaliers. Grants can be used to defray the cost of prescribed and preventive medications including Frontline and Heart Guard, non-routine medical tests and procedures, sanitary diapers for incontinence, special dietary food, and other health related and medically necessary expenses.

Please note:

- No contributions are **ever** given directly to individuals. **Cavalier Alliance** only sends funding directly to the treating veterinarians after your application is approved and treatment is scheduled.
- Cavalier Alliance at this time cannot provide funding for:
 - Oncology treatments
 - Existing veterinary bills
- Funding resources are limited, and the **Cavalier Alliance** makes every effort to use limited funds in the most responsible way.
- The **Cavalier Alliance** does not discriminate on the basis of age, sex, or race. The **Cavalier Alliance** reserves the right to deny funding to anyone for any reason.

Basic Eligibility: Please Read Carefully

1. Applicant must have adopted a Cavalier King Charles Spaniel from a shelter or rescue organization.
2. Limited annual income or resources. Please submit proof of limited income or financial hardship.
3. Applicant must submit (email or regular mail) related veterinary records with diagnosis and recommended treatment to be considered for financial assistance.
4. Applicant must disclose receiving financial assistance/funding from any other non-profit organizations for the same cavalier.
5. Applicant must provide us with a good quality photos of your pet. Accepted file formats include: gif, jpg, pdf, or png.
6. Applicant must agree to allow the Cavalier Alliance to include any, all or part of your story and picture of your pet in our newsletter, website, Facebook, etc. (we will not include your real name).

Submit completed application to the Cavalier Alliance via email to cavalierhelp@cavalieralliance.org or via regular mail to our corporate offices at: 64 Cedarwood Road, Boxborough, MA 01719

**All Information is Required In Order To Be Considered
Only Completed Applications Will Be Considered for Funding**



Cavalier Alliance for Rescue, Research and Education, Inc. Q2 2015 Grant Application Form

I/We are seeking financial assistance in the amount of \$ _____ for (please check):

1. _____ Medical urgency (i.e. injury, accidents)
2. _____ Prescriptions
3. _____ Non-routine medical testing and / or procedures
4. _____ Special dietary food and/or
5. _____ Other health related expenses:

Please describe your request in detail:

Applicant Information

Name: _____ Spouse/Partner's Name: _____

Occupation: _____ Occupation: _____

Address: _____
(Street) (City/town) (State)

Please circle: House (Own/rent) Apartment (Own/rent) Other: _____ Specify (Own/rent)

Home Phone #: _____ Cell Phone #: _____ Work #: _____

Email Address: _____

Employment/Income Information

If employed, name of employer: _____

Employer Phone: _____

Annual Income: _____

Income From: _____ Disability _____ SSI _____ Welfare _____ Unemployment
_____ Social Security _____ Other: (Specify _____)

Financial Hardship (please describe): _____

Have you applied/received financial assistance from another group for the same Cavalier? ___ Yes ___ No

If yes, please list dates, amounts, and name of funding group:

Cavalier Information

Your Pet's Name: _____ Date of birth: _____
Sex: Male/Female _____ Spayed/Neutered: _____ Date acquired: _____

How did you acquire this cavalier: _____ Breeder _____ shelter _____ rescue group _____ pet shop
_____ other (specify _____)

Name of current veterinarian: _____

Name of Veterinary Practice: _____

Address: _____ City: _____ State: _____

Phone Number: _____

Estimated Cost of Treatment: _____

_____ (Initial) ***I certify that all of the information given above is true and correct. I further understand that any falsified information that I provide will terminate the reviewing process immediately.***

_____ (Initial) ***I hereby authorize release/disclosure of records and/or other information concerning the above inquiries, including but not limited to employment information, tenancy information, and veterinarian records.***

_____ (Initial) ***I understand any documentation or pictures given to Cavalier Alliance cannot be returned.***

_____ (Initial) ***I understand that Cavalier Alliance assumes no liability and makes no assurances as to the appropriateness, quality or outcome of any medical diagnoses, treatments, products or services and hereby waive any and all claims for liability against Cavalier Alliance for future funding.***

_____ (Initial) ***I understand that Cavalier Alliance reserves the right to refuse any application it considers unsatisfactory.***

_____ (Initial) ***I understand the Cavalier Alliance requires inclusion of any, all or part of my story, my pet's name, and picture of my pet in our newsletter, website, Facebook, etc. and any other marketing activities.***

By signing this application, you agree, under the penalty of perjury, to the above contract, and confirm that all information provided is the truth to the best of your knowledge.

Applicant Print Name: _____

Signature: _____ Date: _____

For Office Use Only: Received: _____ Supporting Materials Received: _____ Review Date: _____