

Harley's Hope Foundation
Application for Veterinary Assistance

Complete the application in its entirety and **provide the following:**

- **Proof of financial need** (For a current list of accepted public assistance, please visit our website www.harleys-hopefoundation.org/services.htm.)
- **Veterinary notes with diagnosis** (what is wrong with the animal).
- **Veterinary notes with prognosis. Prognosis must be fair or better**
- **Itemized estimate**
- **Digital photo of your pet**

Applications that are not complete or are not accompanied by the required documentation will not be reviewed. **You must submit all the required documentation within 24 hours after you submit your application or your application will be declined.**

Submit your application:

- Online at <http://harleys-hopefoundation.org/applicationforservices.html> (If you submit your application online but are unable to upload documents, you may email or fax them.)
- Or Email to info@harleys-hopefoundation.org
- Or Fax to (719) 495-5945

QUALIFICATION SURVEY	Yes	No
<p>Do you have an established relationship with a veterinary clinic? <i>All eligible clients must have a veterinarian who will confirm that their animals receive routine preventative care to show proof of responsible pet guardianship.</i></p>		
<p>Is this a major or emergency situation? <i>HHF does not fund preventative care.</i></p>		
<p>Do you have a diagnosis, prognosis for survival, and detailed estimate? <i>All applications must be accompanied by the veterinary professional providing this information. HHF does not pay for diagnostic tests and only animals with a fair to good prognosis for survival will be considered.</i></p>		
<p>Are you able to secure additional funding above what HHF may offer? <i>HHF caps its assistance at \$500 per animal. Payment is made directly to the service provider. If the estimate for treatment exceeds \$500, applicant must secure additional funding before HHF will make payment.</i></p>		

If you have answered “No” to any of the qualification survey questions, do not submit your application.

Do not leave any questions blank. If the question does not apply, answer “n/a”

Client Information	
Name:	Phone Number:
Address:	City:
State:	Zip Code:
Email Address:	
Total Household income: (Include significant other/spouse's income)	Employed? ____Yes ____No
Name of Employer:	Hours per week:
Address of Employer:	
Are you receiving public assistance of any type? ____Yes ____No. What kind: Amount: Frequency:	
What is your Primary Source of income?	
How many other people live in the household?	How many are adults?
Do adults work? If not, why not?	
Do you own or rent your home? ____Own____Rent	Do you own a vehicle? ____Yes ____No
Have you asked family/friends to help you with your pet's veterinary? ____Yes ____No	If yes, why can't/won't they help?
Have you or will you consider selling belongings to pay for veterinary care? ____Yes ____No	If no, why not?

Have you requested financial assistance from other agencies, including Care Credit, credit cards, or individuals to treat this particular issue? You must have exhausted all other options prior to applying to Harley's Hope Foundation. Please indicate to whom you have applied, the date of approval or denial and any monies received.

Individual/Organization	Date of Approval/Denial	\$ Received
Care Credit		

Pet Information		
Pet Name:	Species:	Age:
Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Breed:	Gender:
*Service Animal?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>*Based on the definition under Title II of the Americans with Disabilities Act, a service animal is a dog or miniature horse, individually trained to perform tasks related to the person's disability. Emotional support animals are not considered service animals.</i>	
If yes, what tasks has the animal been trained to do for you?		
Describe your pet's medical issue:		
Has the animal been seen by a veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name, Address and Phone Number of Veterinarian/Veterinary Clinic:		
Date of Last Exam:	Estimated cost of treatment:	
Species and number of other pets in the household:		
Are all other pets spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If "No" and the animal is over one year old, you do not qualify. Do not proceed with the application. The only exception to this policy is if your veterinarian provides documentation that the animal has a medical condition that makes spaying/neuter a high risk procedure.</i>		
Are cats kept indoors: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain		

<p>Are dogs kept outside: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain</p>
<p>Are dogs kept chained: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain</p>
<p>Do dogs ride in back of trucks: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain</p>
<p>If your pet's injury was caused by unsafe or unsecured home environment are you willing to correct the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain</p> <p><i>Some things you can do:</i> <i>Keep debris, sharp objects, toxic substances, pesticides out of yard</i> <i>Cover electrical cords</i> <i>Anchor heavy objects to wall</i> <i>Secure fenced area so your pets are not allowed to roam free</i></p>
<p>Do you provide your pets with regular veterinary care? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:</p>
<p>When is the last time your pet was seen by a veterinarian for a full wellness exam?</p> <p><i>(If your pet has gone more than 24 months without seeing a veterinarian, you do not qualify. Please do not complete the application.) This is equivalent to 14 years without seeing a human doctor.</i></p>
<p>Name, address and phone number of Veterinarian/Veterinary Clinic:</p> <p><i>(Applicants must have an established relationship with a veterinarian in order to qualify for assistance. Please note we may contact your veterinarian to confirm that they have treated your animal. If you have recently moved and have not yet found a veterinarian in your new location, please list your most recent veterinarian.)</i></p>
<p>In the case of veterinary treatment/surgery, are you capable of and willing to continue caring for this animal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain how will you will finance this continuing care if you cannot afford to pay for emergency/major treatment?</p>
<p>If you are applying for help with a chronic (ongoing) health condition, what is your plan for paying for ongoing care for your pet? Continued application to charities is not an acceptable answer as most charities will not support any one animal in need.</p>
<p>Please note that additional veterinary expenses can occur post-treatment that are not covered by HHF. These expenses may include follow-up care with your regular veterinarian, oxygen treatment, surgery, and rehabilitation. Are you prepared and willing to follow-through with the full prescribed course of treatment, <u>and agree not to euthanize your pet once treatment has begun except on the advice of the attending veterinarian?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If you are not able to care for your pet, are you willing to surrender said pet to another party that can provide care, including a legitimate, limited admission animal rescue? ____Yes ____No

HARLEY'S HOPE REQUIRES ALL FUNDING RECIPIENTS TO:

1. Grant permission to use your photo and your animal's photo and story in marketing and fundraising materials.
2. Write a Testimonial.
3. Consider volunteering time with Harley's Hope Foundation. Check the items below you are able to do (see Volunteer Agreement section for explanations of each):
 - Fundraising
 - Short-term pet care
 - Special skills or contacts you may have: Explain

4. Consider a future monetary donation when your financial situation improves.
5. Consent to follow-up phone calls/emails from a HHF representative within 2 weeks, 6 months and 1 year post-assistance. If HHF does not hear back after two attempts to contact you, you will not be eligible for any future assistance from Harley's Hope Foundation.
6. Inform HFF if your address or phone number changes during the 12 month post-assistance period.
7. View educational pet care workshops offered through HHF's annual HOPE Series available on YouTube or HHF website.

Do you agree to all requirements? ____Yes ____No

I, _____(please print full name), certify that the answers on this application form are true and correct, and understand if I willingly provide false answers, Harley's Hope Foundation will take legal action to recoup the funding obtained under fraudulent means. Furthermore, I agree to release Harley's Hope Foundation and its service providers (veterinarians, trainers, and fosters) from liability should the veterinary care, emergency foster care, or behavioral training rendered prove unsuccessful or the animal becomes ill or injured while in our care.

Signature of pet's legal guardian:

Date: