



CROCKETT MEMORIAL FUND

POLICIES

- Grants are given on a case by case basis with the maximum amount of \$1000. For veterinary care assistance, we will only offer assistance for one pet per household.
- If you are a previous recipient of this grant, you may only apply after one year from your last approval date.
- For outsourced medical care, Pets In Need will pay the clinics directly as we do not reimburse clients. We cannot pay for any expenses incurred prior to approval.
- We are unable to assist with the following services:
 - Veterinary care for animals that have been diagnosed with heart failure
 - Financial assistance for private cremation
 - Long-term flea preventative for pets

ELIGIBILITY REQUIREMENTS

- Be a resident of San Mateo County or Santa Clara County and 18 years or older
- Qualify as Very Low or Extremely Low Income (depending on services)
- Be the legal owner of the animal for whom you are seeking financial assistance
- As a condition of this grant, your pet must be or be able to be: spayed/neutered, current on vaccines, and microchipped

REQUIRED DOCUMENTATION

- Valid identification, such as a driver's license, state-issued identification, or passport
- Proof residency in San Mateo or Santa Clara County, such as a valid driver's license, lease/rental agreement, recent utility bill, or a document issued by the government
- Proof of income, such as tax documents or a government assistance verification letter (SSI, Disability, Unemployment, CalFresh) that demonstrates your financial situation
- Estimate or treatment plan from your veterinarian reflecting the cost of the procedure and non-profit discount

APPLICATION PROCEDURE

1. Complete this application. An online version of the application can be found at www.petsinneed.org/assistance
2. Gather the required attachments
3. Mail or deliver the completed application and documents to Pets In Need's Outreach Department (3281 E. Bayshore Road, Palo Alto, CA 94303). Sending in applications by mail may delay the processing of your application.
4. Please note that we will try to see if your pet can receive veterinary services at one of our shelters. If you are approved for these services and prefer to take them to your private vet clinic, we may not be able to assist financially.

Date: _____

WHAT SERVICES ARE YOU LOOKING FOR?

Which of the following services best fits your situation (Check only one box):

- Veterinary Services - Emergency Veterinary Services - Non-Emergency Spay/Neuter Services
 Euthanasia Services

OWNER INFORMATION

Have you applied for assistance through the Crockett Memorial Fund before? Yes No

Name:	Email:	
Phone Number:	Secondary Number:	
Address:	City:	Zip code:
DOB (MM/DD/YYYY):		

Check all that best apply to you:

- My housing situation is unstable
 I am unhoused or at very high risk of losing my home
 I am in an assisted living facility
 I live in my home
 I live with a family member who owns their home
 Other (explain): _____

What is your estimated annual household income? _____

What is the current source of your income? _____

How many dependents do you have (including yourself)? _____

Alternate Contact Name:	Relationship:
Email:	Phone Number:

PET INFORMATION (The pet for which you are seeking assistance.)

Name:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Spayed/Neutered	
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Rabbit <input type="checkbox"/> Reptile <input type="checkbox"/> Bird <input type="checkbox"/> Other:		
Age:	Breed:	Color:

If your pet is not spayed/neutered, are you willing to spay/neuter her/him?

(Leave blank if already spayed/neutered) Yes No

In the space provided below, please explain what seems to be wrong with your pet:

VETERINARIAN INFORMATION

Name of veterinary hospital at which you are seeking treatment: _____

Veterinary Hospital Phone Number: _____

If your pet has received an exam. Let us know what treatments are recommended by their doctor in the space below.

Check this box if you have not received a veterinary estimate for your pet's care

By signing below, you agree to the following:

- I am 18 years or older
- I reside in San Mateo or Santa Clara County in California
- I am the owner of the pet or am signing this on their behalf with their permission
- I certify that all of the information provided in this application is accurate
- I grant permission for Pets In Need to publish stories or photographs of/about my pet for any fundraising purposes - information about the owner will not be disclosed
- I understand that as a condition of this grant, my pet must be or able to be: spayed/neutered, current on vaccines, and microchipped
- If Pets In Need will cover the care of my pet at a private vet clinic, they must be able to take payment over the phone
- Pets In Need will require an estimate from the private vet clinic before approving funding
- If approved, Pets In Need will pay the clinic directly. Any costs incurred prior to approval, or any cost exceeding the grant amount are my responsibility.

Signature: _____

Date: _____