



Fetch It Forward Assistance Application

Fetching Tails Foundation Fetch It Forward program was designed to help pet owners in need of assistance to obtain medical services for their pets at a reduced cost. By applying for assistance, you agree to visit our partner veterinarian at an agreed upon date and time, spay and neuter your pet if he or she is unaltered, and you agree to pay Fetching Tails Foundation (FTF) for half of your pet's services (more details on this below).

Qualifications

If you are presently receiving financial aid from any of the following Illinois or Federal programs below, your application will be reviewed:

- Food Stamps
- Medicaid
- Unemployment
- Temporary Assistance for Needy Families (TANF)
- Temporary or Permanent Disability

If you are not receiving any kind of financial assistance as noted above, please describe your need for financial assistance to spay/neuter, vaccinate, microchip, or receive assistance for a minor surgery for your pet. For example, are you unemployed or living on a fixed income?

Conditions

- Must live within 50-mile radius to Itasca, IL within Illinois border
- Must pay for half of your pet's total veterinary bill. For example, if the total cost for veterinary services for your pet's neuter is \$60, you will pay \$30. Payment will be collected in advance by Fetching Tails Foundation .

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Information Required:

Your Information:

First and Last Name:

DOB:

Full Address:

Email:

Cell:

Pet's information:

Name:

Breed:

Age:

Up to date on vaccinations (including rabies and distemper?):

Microchipped?:

Spayed/neutered?:

Any other health concerns we should know about?:

Who will be bringing your pet to our vet's office?

Name:

Phone number:

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Agreement & Waiver

1. I understand that I am accepting veterinary care for my pet under , with the understanding that I will keep my pet and care for them while they recover from their illness or injury.
2. I agree to have my pet spayed or neutered as soon as they are healthy enough. I understand FTF will pay for this surgery and choose the clinic where it will take place.
3. I understand that FTF will choose the veterinarian that treats my pet, and that FTF will be the only one to communicate with that veterinarian. If I want updates on my pet I will contact FTF . I will not contact the veterinarian directly.
4. I understand that if my pet's health is in immediate danger that FTF may choose to make a decision to end my pet's life by humane euthanasia or under a Do Not Resuscitate ("DNR") agreement if my pet's health declines. I am waiving all rights and responsibilities as a result.
5. I understand that if my pet's care becomes too costly, or if my pet's health is not improving that I will be contacted by a FTF counselor to make decisions on what to do with my pet.
6. I understand that FTF may choose to discontinue treatment of my pet at any time for any reason.
7. I understand that FTF does not agree to provide any further veterinary treatment, or follow up care.
8. I understand that I am responsible for my pet and once my pet has completed treatment, I will pick up my pet.
9. I understand that my pet may need special after care and that I will provide such care in my home.
10. I agree that FTF may use any photographs taken of my pet and my family for fundraising, advocacy and outreach purposes.
11. I agree to hold harmless and indemnify Fetching Tails Foundation , any treating veterinarian, any treating veterinary hospital and all agents thereof from any liability, claims and damages, including any attorneys' fees, for any illness or any injury and or death of my pet unless resulting from gross negligence or willful misconduct.

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If you agree to everything stated previously please fill out the following information:

Print Name:

Sign Name:

Date:

For Internal Use Only

Approved Veterinary Treatment or Procedures:

Cost to Owner:

Owner Agreement Signature: