



Saving Paws & Hooves in Central Florida, Inc.
4485 SE 53rd Ave Ocala, FL 34480
Email: savingpawsandhooves@gmail.com
Registration #: CH50308

Name of Veterinary Clinic:

Date:

Name of Veterinarian Requesting Funds:

Clinic Phone #:

Owner's Full Name (First, Middle, Last):

Owner's Address (Street, City, Zip):

Owner's Cell Phone:

Owner's Email:

Animal's Name:

Date of Birth:

Species:

Breed:

Sex:

Intact: Yes / No

History (can include medical records):

Physical Exam:

Differentials:

Plan:

Next set of questions are very important and *honesty is required* from your medical expertise:

Is the Patient in Critical Condition? Y / N

What is the patient's prognosis if money were granted to help save the patient?

Under the circumstance, would this patient be better off being euthanized? Y / N (we have allocated funds for euthanasia)

Minimum Amount required to ensure the patient is stable? \$ _____ Amount estimated for full recovery? \$ _____

Amount owner is contributing? \$ _____ Amount asking for from Saving Paws & Hooves in Central Florida? \$ _____

The client is willing to write a success story to thank your gracious staff and thank the community for donating? Yes / No

- Success Story with Saving Paws and Hooves Logo can be downloaded on our website

The Veterinary Hospital is willing to take pictures & email them to the non-profit? Yes / No

- Purpose is to increase awareness to the community of Saving Paws and Hooves while also thanking the donors

1. 1 or more picture(s) of client and pet (high quality)
2. 1 or more picture of veterinarian and/or staff with pet (high quality)

Application Process to Follow:

Veterinarian fills out the form - Email to savingpawsandhooves@gmail.com - Authorized individual reviews application for approval based on rules per species and information on application - SPAH will email the veterinarian hospital with decision

Grant Approved Process to Follow:

Veterinary Hospital will send invoice within 10 days of approval for payment while also emailing SPAH the Success Story and Photos as agreed to in the application above - once all is received then SPAH will send payment

By signing this form you indicate all data above is true & both parties are ethically responsible to comply to the agreement:

Veterinarian Signature:

Owner Signature: