



BELLEVUE ANIMAL HOSPITAL ASPEN'S FUND APPLICATION

PART A: CLIENT INFORMATION

Client's Full
Name: _____

Client's Full
Address: _____

City, ST Zip
Code: _____

Companion Animal's
Name: _____

Companion Animal's
Species: _____

Companion Animal's
Breed: _____

Check the appropriate
box:

Male

Female

Neutered
Male

Spayed Female

PART B: CLIENT'S PROOF OF ELIGIBILITY

In order to use our limited funding in the most careful manner, we attempt to take reasonable care to distribute the funds to those with significant financial hardship. Please check the box next to the qualification that best describes your situation. Proof of eligibility is required.

- Proof of Income: Can be current paycheck stub or prior year tax return

Household Size	Income per Year
1	\$42,500
2	\$50,800
3	\$59,225
4	\$67,944
5	\$75,582
6	\$84,082
7	\$94,582
8	\$101,000

- Proof of state or federal assistance such as: Medicaid, Supplemental

Nutritional Assistance Program, Supplemental Security Income, Women, Infant and Children.

- If you have a unique situation that you would like the committee to consider, please outline here in 2-3 sentences:

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date:



Committee member in charge of case:

PART C: CASE FOR FUNDING

Pet’s medical condition – please provide a detailed description of injury, illness or condition:

Items Not Eligible for Aspen’s Fund:

- Routine Physical Exams
- Vaccinations
- Spays / Neuters (unless required for the health of the animal such as pyometra)
- General prophylactic dental care
- Other dental procedures will be considered

- Committee majority vote date: _____
- Denied funds

- Approved funds in the amount of \$_____

List the committee members who voted:

- _____
- _____
- _____
- _____
- _____
- _____
- _____