**Noah’s Animal Fund is a program administered by Friends of Noah-WI: An All-Breed Animal Rescue**

**APPLICATION**

**Noah’s** **Animal** **Fund** provides financial assistance to qualified pet owners for payment of incurred and anticipated veterinary expenses. A program of Friends of Noah, an all-breed animal rescue, Noah’sAnimal Fund (NAF) committee reviews each application with care, compassion, and fairness. Above all, each volunteer committee member loves and respects all animals and realized the importance of our furry and feathered companions.

**What** **is** **the** **Fund’s** **review** **process?** NAF review committee carefully reviews all the applications and makes decisions based on the provided information and the expertise of the committee. Once a decision is reached, you will be notified promptly by email or telephone. Emergency cases will be expedited.

**How** **are** **fund** **payments** **made?** Payments most often go directly to your veterinary care clinic upon completion of the procedure not to exceed 90 days of acceptance. If partial payment is awarded, we ask that you arrange payment of the remainder directly with your veterinary professional.

**What** **is** **required?**

● To be considered for funding you must live in any of the following Wisconsin counties: **Rock, Green, Jefferson, and Walworth**. If you don’t live within one of these counties, please search closer to where you live for assistance.

● You must have a medical diagnosis from a veterinarian and a good long-term prognosis to be considered. NAF does not provide financial assistance for routine care (wellness visits, vaccines, spays, neuters, diagnostics, quarantines, euthanasia).

● We must have a completed application to process your request.
● The application must include all sources of income.

● **The application must include the Medical Form filled out by your veterinarian**.

● NAF does not cover the entire cost of any procedure. As the pet owner, we expect you to have some financial responsibility.

● Once NAF receives the completed application, it will be reviewed. If you are approved, NAF will contact you and your veterinarian to notify you of your approval. You will be notified if your application is denied. You will be responsible for financing whatever is not covered by NAF. This agreement will be between you and your veterinarian.

● NAF pays the approved amount directly to your veterinarian. We require the veterinarian to submit an invoice of services provided to NAF (FON.noahsanimalfund@gmail.com). The invoice will then be submitted to the Friends of Noah Noah’s Animal Fund accountant and a check will be issued directly to the veterinarian.

**I** **have** **read** **and** **understand** **the** **terms** **of** **consideration** **for** **funding** **from** **Noah’s** **Animal** **Fund.** **Based** **on** **the** **information** **above,** **I** **believe** **that** **I** **qualify** **for** **funding.**

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**What** **kind** **of** **care** **do** **you** **need?** **(Please** **check)**

Emergency Services Required (0-48 hour care) Non-Emergency

**Please** **check** **all** **that** **apply** **belo**w:

Financial hardship Legal ownership of pet Medical necessity (non-routine procedure)

POSITIVE Short/long-term prognosis (vet verification) Validation of costs (vet verification)

**APPLICANT INFORMATION**

Applicant Name (first/last name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Name (first/last name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children living in the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Applicant Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Applicant Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT EMPLOYMENT INFO SPOUSE/PARTNER EMPLOYMENT INFO** Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long employed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long employed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Net monthly income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Net monthly income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





**FINANCIAL** **INFORMATION**

**Combined Net Monthly Income**

Applicant

Co-Applicant

SSI / Disability Income

Child Support

Food Stamps

Other Income

**TOTAL** **MONTHLY** **INCOME**:

**Monthly Expenses**

Rent/Mortgage + Home Insurance

Auto Loan Payments + Insurance

Utilities (Water/Electric/Gas)

Other Loans / Credit Cards

Phone / Internet / TV

Gas/Transportation Groceries

Pet Care

Other

**TOTAL** **MONTHLY** **EXPENSES**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please explain your need for assistance in the space below:**

**I** **understand** **that** **it** **is** **my** **responsibility** **to** **pay** **for** **all** **charges** **incurred** **at** **the** **time** **services** **are** **rendered** **pending** **a** **decision** **by** **Noah’s** **Animal** **Fund** **review** **committee.** **The application will become null and void if funds are not disbursed within 90 days of approval.** **All** **the** **statements** **within** **this** **document** **are** **true** **and** **correct** **to** **the** **best** **of** **my** **knowledge.**

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**Pet** **Owner’s** **Signature** **Date**

In order to be considered for financial assistance, Noah’s Animal Fund MUST receive a completed Medical Form from your veterinary office (next page). Noah’s Animal Fund will be in touch with you once ALL the information is received.



**OWNER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PET NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CASE** **HISTORY** **(please** **print):**

**PLEASE** **EXPLAIN** **SHORT-TERM** **AND** **LONG-TERM** **PROGNOSIS** **(please** **print):**

**Total** **cost** **for** **procedure:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(PLEASE** **ATTACH** **AN** **ITEMIZED** **ESTIMATE** **OF**

**CHARGES)**

**Veterinarian’s** **Name** **Clinic** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Veterinarian’s** **Signature** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**