



Skarlette's Fund

A fund for Toy & Mini Aussies

APPLICATION FOR ASSISTANCE

Owner's Information

Name of Pet Owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

I am the legal owner of: _____ Toy Mini
Pet's Name

Veterinarian's Information

Name of Veterinarian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Fax: (____) _____

Condition: _____

Diagnosis: _____

Financial Need

- I have applied for [Care Credit](#).
 - I got credit for \$ _____
 - I did not get credit.

I am asking Skarlette's Fund for a donation of \$ _____.

Documents to Submit

- Letter from Care Credit stating approval amount or stating denial.
- Copy of treatment plan recommended by Veterinarian
(must include total cost of procedure)

Agreement

I attest that the information I have provided to Skarlette's Fund is accurate and complete. I give my consent for representatives of Skarlette's Fund to contact my veterinarian for further validation of my pet's condition, treatment plan, and care costs. I also give consent to Skarlette's Fund to make payments from the fund directly to my veterinarian. I understand that Skarlette's Fund assumes no liability and makes no assurances or guarantees regarding the outcome of any medical diagnosis, treatment, or services rendered by my veterinarian. I further understand that funds are subject to availability.

Signature: _____ Date: _____

You may mail to Skarlette's Fund, (address pending) or email to (email address pending)