



Hello,

We are very sorry to hear about your pet's situation. Applying via email is the fastest way to receive a response.

Please verify if you are eligible to receive help from Phinney's Friends before you answer the questionnaire or send paperwork.

You need to meet the following guidelines:

- You must reside in Massachusetts and be low-income.
- You must be able to send the requested documentation below:

(1) CARE CREDIT APPLICATION WITH ANSWER OF DENIED, APPROVED OR PARTIALLY APPROVED (WITH AMOUNT APPROVED),

(2) PROOF OF LOW-INCOME STATUS SUCH AS SSI, SSDI, LOW INCOME HOUSING, FOOD STAMPS, MASS HEALTH, OR OTHER KIND OF PROOF with your name on it (we will not accept papers with the name of a family member).

(3) AND DOCUMENTATION FOR VET VISIT WITH DIAGNOSTICS AND SUGGESTED TREATMENT IF APPLICABLE.

You will also need to answer ALL of the questions below. Incomplete applications will not be considered. Your active participation in this process is key, as we have no staff.

We cannot reimburse persons, only businesses.

If you have already paid your vet bill or boarding/kennel bill, we won't be able to help.

If you have a vet bill request, you will need to apply Care Credit before requesting help from Phinney's Friends. We will not consider requests from families who have not applied for Care Credit first. Care Credit is a credit loan system that most vets are able to use for payment. You may apply online, at the veterinarian's office, or by phone at 800-677-0718.

If you have verified you are eligible by meeting the preceding guidelines, please answer the questions below:



APPLICATION FOR PET CARE HELP

1) YOUR FULL NAME: _____

2) Today's date: _____

3) What kind of low-income proof can you send us? (SSI, SSDI, subsidized housing, Mass Health or food stamps)

Fax proof ASAP to (617) 979-8705 or scan it and email it back to us.

4) Address

Address: _____

Town / Zip Code: _____

5) Phone numbers

Cell: _____

Home: _____

Work: _____

INFORMATION ON THE PET(S) WHO NEED(S) HELP:

6) Pet's name: _____

7) Pet's age: _____

8) Kind of pet (dog, cat, etc.): _____

9) How much does he/she weigh? _____

10) What breed? Or mixed breed? _____



11) Is he/she indoors, outdoors or both? Explain your pet's outdoor routine:

12) Is he/she up to date on RABIES vaccines?

Yes No

13) Is he/she up to date on DISTEMPER vaccine (dog) or FVRCP (cat)?

Yes No

14) Is he neutered / spayed?

Yes No

15) When did you acquire this pet?

16) How did you acquire this pet?

17) Do you have any other pets?

Yes No

18) If yes, what kind? (Cats, dogs or other)

19) What is your vet clinic?

Name of Regular Vet Clinic: _____

Phone number: _____

Vet Clinic where your pet is now: _____

Vet Clinic phone number: _____



20) What is the problem with your pet? Give details about symptoms and explain exactly what you want from Phinney's Friends. List what you need, if it's more than one thing. Please be concise.

21) What kind of treatment / medications / help did the pet receive so far?

22) How much is the veterinary estimate for this treatment, if you have one?

23) Please fax the estimate over to us to (617) 979-8705 or take a picture and email it to us, along with your low-income documents.

24) How much of this bill are you able to pay now? _____

25) Please call your vet clinic and authorize Phinney's Friends to ask questions about your pet's health. Do not send your application before this has been completed.

Done

26) Have you applied for Care Credit?

Yes No

If not, please apply now. We won't accept your application without proof that you applied for Care Credit.

27) If we are able to help you financially, we hope that in the coming months and years, you will make an effort to donate back to Phinney's Friends at least 25% of what we covered of your pet's total bill. By "paying it forward," you will be able to help us continue our work to



assist pets and owners in need. Even a \$5 monthly donation would help a lot, as we rely only on donations to help people who love animals and are in need of financial aid.

With that in mind, how much would you be able to donate back to Phinney's Friends? Please propose a donation schedule; for example, 12 monthly donations of \$5.

28) I certify that the foregoing statements made by me are true to the best of my knowledge and belief. I am aware that if the foregoing statements made by me are false, I may be subject to penalty including, but not limited to, withdrawal of assistance by Phinney's Friends.

Please sign here:

The sooner you send your questionnaire and documents the better.

Please understand that submitting the information is not a guarantee that we will help. We will analyze your case and get back to you as soon as we can.

We look forward to your answers.

Thank you.