



BADGER animal fund

Providing financial assistance for
companion animals in veterinary crisis.

A program administered by
Friends of Noah_Wisconsin—All-Breed Animal Rescue
www.friendsofnoah-wi.org

APPLICATION

The Badger Animal Fund provides financial assistance to qualified pet owners for payment of incurred and anticipated veterinary expenses.

A program of Friends of Noah, -WI, an all-breed animal rescue organization, the Badger Animal Fund's review committee reviews each application with care, compassion and fairness. Above all, each member of the committee loves and respects all animals and realizes the benefits our furry and feathered companions add to lives. Friends of Noah-WI and the Badger Animal Fund proudly serve Southern Wisconsin and Northern Illinois.

What is the Fund's review process?

The Badger Animal Fund Review Committee meets the second Thursday of each month to carefully review applications and make decisions based on the provided information and the expertise of the committee members. Once a decision is reached, you will be notified either by a letter or by telephone the next day. Emergency cases will be expedited.

How are fund payments made?

Payments most often go directly to your veterinary care clinic upon completion of 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 the criteria for qualifying for fund assistance?

- Financial hardship
- Legal ownership of pet
- Medical necessity (non-routine procedure)
- Short- and long-term prognosis (vet verification)
- Validation of costs (vet verification)
- Submitted estimate from a veterinary professional

Please read carefully.

APPLICANT INFORMATION

Today's Date _____

Name _____ Spouse/Partner _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Own Home Rent Number of yrs/months _____

Applicant Employment Information

Current Employer _____

Address _____

City _____ Zip _____

Business Phone _____

Number of yrs/months employed _____

Net monthly income _____

Monthly paycheck after taxes, etc.

Former Employer _____

Address _____

City _____ Zip _____

Number of yrs/months employed _____

Spouse/Partner Employment Information

Current Employer _____

Address _____

City _____ Zip _____

Business Phone _____

Number of yrs/months employed _____

Net monthly income _____

Monthly paycheck after taxes, etc.

Former Employer _____

Address _____

City _____ Zip _____

Number of yrs/months employed _____

Household Expenses

Auto Payment \$ _____

Credit Cards \$ _____

Rent if applicable \$ _____

Utilities \$ _____

Loan Payments \$ _____

Other Expenses \$ _____



MEDICAL INFORMATION

To be completed by the veterinarian caring for your pet.
Please attach medical records and estimate.

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 Signature _____ Date _____

PRIOR TO THE DISTRIBUTION OF ANY FINANCIAL SUPPORT, BADGER ANIMAL FUND, INC. REQUIRES YOUR PET'S MEDICAL HISTORY.

*I hereby authorize (name of clinic) _____ on (date) _____
to release (full name of pet) _____ complete medical record to Badger Animal
Fund Inc. Please fax records to (608) 868-2458, Attn: Badger Animal Fund.*

Signature of Owner _____ Print full name _____
Address, City, State _____ / _____ / _____
Phone _____ Email _____