

Paws Pride Animal Welfare Fund

Paws Pride is a non-profit animal welfare organization dedicated to financially assisting pet owners with veterinary care to help animals live quality lives with people who love them. Support is open to individuals and rescue groups who find themselves in special situations where medical care cannot be provided for these animals. Paws Pride believes that all cases are unique and will review all applications on an individual basis.

Support Guidelines

Animals may be in an individual home or awaiting placement with a rescue group or animal shelter.

The animal must have an official written diagnosis from a licensed veterinarian which should include the total cost of the treatment along with the prognosis.

The animal must be in need of medical or surgical care which the guardian cannot provide due to a lack of funding options.

Funding will not be provided for routine medical care (health exams, vaccinations, spay/neuter)

Funding requests must be made by application only.

Requests will require proof of financial need.

All applications will be reviewed by the Board of Directors. Emergency funds may be released at the discretion of the board. If treatment was provided by a veterinarian before the request for funding was approved, the applicant must provide written documentation by a licensed veterinarian that treatment was based on an emergency basis and delaying treatment would have resulted in endangering the animal's life or causing significant discomfort.

Paws Pride reserves the right to revoke approval of funding prior to treatment. Reasons this may occur include, but are not limited to:

Failure to provide complete and accurate information on the application
Failure to complete the approved treatment within 45 days of approval
Failure to provide written diagnosis by a licensed veterinarian
Failure to provide financial information

Paws Pride Application

Applicant information

Date of application: _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Home _____ Cell _____

E-mail _____

Information about your animal

Species Dog _____ Cat _____ Horse _____ Other _____

Name _____

Breed _____ Age _____ Gender _____

Color _____ Approximate weight _____

Service Dog? _____ Name of School _____

Police K-9 _____ Department _____

Spayed/Neutered yes _____ No _____ Date spayed/neutered _____

If animal is still intact, please indicate when spay/neuter will be scheduled _____

Is the animal current on all vaccinations? _____

Has the animal been on heartworm preventative? _____

Does the animal have any special needs (diet, medication) _____

What does the animal currently eat? _____

Does the animal have any history of biting a person _____

If so, describe the circumstances

Medical Information

Animals current location Private home _____ Veterinary Hospital _____

Shelter _____ Rescue _____ Foster home _____ Other _____

Are the animal's medical needs caused by an injury? _____

If so, please describe in detail, the cause of the injury

How long has this animal been with you? _____

Name of treating Veterinarian _____

Name of clinic or hospital _____

Address _____

City _____ Stste _____ Zip Code _____

Telephone _____ Fax _____

What is the medical diagnosis?

What is the recommended treatment?

What is the prognosis?

What is the estimated cost of treatment? _____

What is the estimated cost of follow-up treatment? _____

Has treatment been started _____ If so, when? _____

How much longer will the dog require treatment? _____

Funding Information

Are there any special circumstances why financial assistance is needed?

Have you discussed a payment plan with your veterinarian? _____

Have you requested any other financial assistance from other animal welfare organizations? _____ If yes, Please provide information about the organization

Name _____ City _____ State _____

Telephone _____ Contact person _____

If service or police dog have you requested support from your school or department? _____
When? _____

Why were you denied?

How much have you already spent on this animal's treatment? _____

Will you be contributing to the animal's treatment? _____

If so, how much? _____

Please specify the amount you are requesting? _____

If follow up treatment is required, how will it be paid for?

Projected household income this year _____

Number of people in household? _____

Number of pets in household dogs _____ Cats _____ Horses _____

Other _____

If an animal rescue, total income from fundraising and donations this year _____

Please include the following with your application;

Two Proof of animal ownership (AKC papers, adoption/purchase papers, veterinarian records, license papers)

A photo of your animal before and after treatment

Proof of income (two paycheck stubs from all working adults in the household)

A brief story of how your pet became part of your family and why you turned to Paws Pride for assistance.