



Chicago Veterinary Medical Foundation

## GRANT APPLICATION

Please review the **CVMF Guidelines for Grant Seekers** to determine your eligibility before applying for this grant. Once eligibility requirements are met, please complete this application in full. CVMF will make every effort to notify the veterinary practice of application status within 3 business days of receipt of a completed application. **Grant applications must be received by the CVMF no later than three weeks following initial treatment.** Overdue applications will not be considered.

### HOSPITAL INFORMATION

Date of Application: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Hospital Contact Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_ Hospital Fax: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

### CLIENT ELIGIBILITY

Please select the appropriate category (*see Grant Seeker Guidelines for full descriptions of each category*):

**Documented Financial Hardship** – Documentation providing proof of current participation in the selected government assistance program must accompany application. Generally, this is an approval letter that includes the dates for which benefits will be issued.

\_\_\_\_\_ Supplemental Security Income                      \_\_\_\_\_ Temporary Assistance for Needy Families (TANF)

\_\_\_\_\_ Medicaid    \_\_\_\_\_ Food Stamps or Unemployment

**Temporary Financial Hardship** – Provide a brief statement from the pet owner and signed by them that they are in need of financial assistance to proceed with necessary medical care. (No request for third party supporting documentation)

Chicago Veterinary Medical Foundation  
*Provides Charitable Medical Care for Pets,  
Supports Humane Treatment of Animals,  
Provides Veterinary Education for Professionals and the Public,  
& Supports the Human Animal Bond.*

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_  Dog  Cat  Other (*Please specify*): \_\_\_\_\_

Breed (if appropriate): \_\_\_\_\_ Gender: \_\_\_\_\_ Age of Patient: \_\_\_\_\_

Presenting Complaint: \_\_\_\_\_ Treatment Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please attach supporting documentation, if more space is needed.***

Estimated Cost of Treatment: \$ \_\_\_\_\_

Amount to be paid by client: \$ \_\_\_\_\_

Amount of funding requested: \$ \_\_\_\_\_

**A detailed cost estimate or invoice showing all required treatment and fees must also accompany this application submittal.**

I understand that the CVMA and CVMF assume no liability and make no assurances as to the quality or outcome of any medical diagnoses, treatments, products or services. No guarantee of grant funding should be assumed unless the application has been approved.

Veterinarian Signature: \_\_\_\_\_

If you have questions, please email them to [CVMF@chicagovmf.org](mailto:CVMF@chicagovmf.org) or call (630) 568-9760. Please submit your completed application and supporting documentation by fax: (630) 325-4043, or by mail:

CVMF  
Attn: Grant Application Review Desk  
100 Tower Drive, Suite 234  
Burr Ridge, IL 60527

*Thank you for helping pets in need!*