



Chicago Veterinary Medical Foundation

### GRANT APPLICATION

Please specify the type of grant for which you are applying:

- Urgent Care Fund** (General Fund) – When your client cannot fully pay for their pet’s emergency care, CVMF can grant up to \$1,000 toward that pet’s needed treatment.
- Helping Pets Fund** (Hospital Donation Fund) – Funds are available to be withdrawn/used for hospital charity cases. There is no limit to the funds requested, up to the available funds in account.

**Please review the [CVMF Guidelines for Grant Seekers](#) to determine your hospital’s eligibility *before* applying for a 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

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

Hospital Contact: \_\_\_\_\_ Hospital Phone: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Hospital Fax: \_\_\_\_\_

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

### 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 require financial assistance to proceed with necessary medical care. (No request for third party supporting documentation)

**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 CVMF assumes 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: \_\_\_\_\_

Please submit your completed application and supporting documentation by email: [cvmf2025@outlook.com](mailto:cvmf2025@outlook.com)

*Thank you for helping pets in need!*