Roscoe Fund Application								
Name:								
Current address:								
City:	State:		ZIP Code:					
Phone:	E-mail:		Cell:					
Personal Information								
Has the applicant ever received a grant from The Roscoe Fund?								
Employment?		Unemployed?						
Disabled?	65 or over?		Military?					
Household income?	Children in household?		Adults?					
Own Rent (Please circle)	Monthly payment or rent? How long?							
Proof of Income to attach to application								
SSI/SSDI Benefits Letter								
A copy of the most recent pay stub								
Proof of any Federal or State assistance								
Unemployment benefits letter								
W-2 or 1099 from employer								
Other reason for needed assistance, attach letter, etc. explaining circumstance								
Pet Information								
Name:								
Where did the pet come from?								
How long have you had the pet?								
Is the pet spayed or neutered? How many pets at home?								
List the pet that needs assistance first, then all others in the household.								
Name:	Breed:	Age:	Sex:	Altered	Yes	No		
Name:	Breed	Age:	Sex:	Altered	Yes	No		
Name:	Breed:	Age:	Sex:	Altered	Yes	No		
Name:	Breed:	Age:	Sex:	Altered	Yes	No		
Name:	Breed:	Age:	Sex:	Altered	Yes	No		
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Is this a request for Humane Euthanasia or Treatment? (Circle one)								
Has the applicant applied for Care C								
Has the applicant applied for help with any other organization?								
Has the applicant already paid for some treatment?								
How much money is the applicant able to contribute towards further treatment?								
Is your pet currently being treated?								
Is the condition life threatening?								
What treatment has been provided and what treatment is needed?								
Describe the illness/injury and how it occurred:								

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Do you have an estimate for treatment? If so please attach						
VETERINARIAN						
Name	Address	Phone				
Case number	Fax	E-Mail				
SIGNATURES						
I have read and agree to the grant qualifications. I agree that it has been completed in good faith and that if any information is found to be false it will result in my application being denied. I also agree						
that if my pet is helped, you may use my pet's picture, name, and brief story of assistance. I understand that my name will not be used.						
Signature of applicant:		Date:				
Signature of spouse:		Date:				

Please complete all questions and attach information requested so we can see if you qualify for a Roscoe Fund Grant.

Attach: Proof of income (see above for what we accept)

Any estimate for treatment

Picture of your pet

Any additional information about you or your pet that may help us in making a decision.