

NOTE: APPROVAL IS REQUIRED BEFORE SERVICES ARE PROVIDED

Companion Animal Resource and Education (CARE) Center  
**HELPING PAW FUND GUIDELINES**

Thank you for your interest in the Helping Paw Fund. This fund was created to provide financial assistance to people for the care of their companion animals in times of crisis or financial instability. The CARE Center seeks to reduce the homeless pet population in East Central Illinois by 1) increasing the numbers of sterilized cats and dogs and 2) maintaining healthy relationships between people and their pets, thereby reducing the number of animals relinquished to animal shelters.

To that end, the Helping Paw Fund provides assistance for medical care, including spay/neuter surgeries, and behavioral consultations. Please read and follow the directions thoroughly; there are no shortcuts.

**In order to receive assistance, you must:**

1. Complete the application process.
2. Agree to have the pet spayed/neutered (if deemed medically safe for the animal), if not already spayed or neutered.
3. Agree to have the animal vaccinated, if not currently vaccinated.
4. Sign an agreement specifying expenses to be covered by the Helping Paw Fund and your responsibilities.

**Key Elements of the Application Process:**

1. Complete and submit the Helping Paw Fund Application. The pet's owner must provide the information requested whenever possible.
2. Provide a copy of the treatment estimate from your veterinary office. Please include symptoms, diagnosis (if possible) and degree of urgency. The CARE Center can provide assistance in locating a veterinarian if needed.
3. Provide proof of financial need, such as a statement of income and expenses, documentation of public assistance, etc.
4. Research other possible funding sources such as friends and family. Ask your veterinarian about a payment plan. Apply for a CareCredit card ([www.carecredit.com](http://www.carecredit.com), 800-677-0718) if accepted at your veterinarian's office; provide a copy of the letter of denial if applicable.
5. The pet's owner must agree to provide some portion of the treatment cost whenever possible.

**Situations Not Covered:**

1. You are seeking help paying outstanding bills or reimbursement for bills already paid.
2. You can afford to pay the bill for your pet's treatment, even though it will be a financial burden.
3. Your veterinarian has agreed to a payment plan for the entire amount needed.
4. You do not agree to have your pet spayed/neutered and/or vaccinated.

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5. You breed animals or plan to breed animals.
6. You are seeking help to pay for elective surgeries, such as ear cropping or declawing.

**Application Review and Fund Distribution:**

1. Please call the CARE Center at (217) 417-3160 if you have any questions or when you are ready to submit your application. Application submission options:
  - a. Mail to: CARE Center, PO Box 161, Urbana, IL 61803-0161
  - b. E-Mail to: [helpingpaw@carecentercu.org](mailto:helpingpaw@carecentercu.org)
  - c. Fax available if pre-arranged by phone
  - d. Leave at veterinarian's office per prior arrangement with CARE Center
2. The Helping Paw Fund Committee will review complete applications and respond within 48 hours. Situations noted as emergencies by a veterinarian will receive immediate attention whenever possible.
3. Fund recipients will be required to sign an agreement outlining the treatment, funds awarded, continued care needs and commitment to abide by the complete treatment plan before payment is made to a provider.
4. The funds will be given directly to the veterinarian providing treatment.

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**HELPING PAW FUND APPLICATION**

Date: \_\_\_\_\_

Applicant Information

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

Street Address: \_\_\_\_\_

City/State /Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Number of cats in household: \_\_\_\_\_

Number of dogs in household: \_\_\_\_\_

Number of cats and dogs in household that are spayed/neutered: \_\_\_\_\_

Number of cats and dogs in household that are vaccinated: \_\_\_\_\_

How did you hear about the CARE Center's Helping Paw Fund? \_\_\_\_\_

\_\_\_\_\_

If you have previously received assistance from the Helping Paw Fund, please provide the following details:

Date: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Amount Received: \_\_\_\_\_

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

\_\_\_\_\_

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Information about Pet Needing Care

Complete a separate page for each animal, if seeking assistance for multiple pets

Species: Cat Dog Other (please specify) \_\_\_\_\_

Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male Female Neutered/Spayed? Yes No

Weight: \_\_\_\_\_ How long has this pet lived with you? \_\_\_\_\_

Last date pet was seen by a veterinarian: \_\_\_\_\_

Last date pet received vaccinations: \_\_\_\_\_

Veterinarian and clinic providing most recent services: \_\_\_\_\_

Describe the pet's symptoms or problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Veterinary clinic to care for animal:

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

Clinic Representative: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

What diagnoses and corresponding treatments are suggested by your veterinarian?

        Potential diagnosis        Short-Term Treatment        Long-Term Treatment        

How soon does your veterinarian think the pet needs to be seen? \_\_\_\_\_

Estimated monthly costs for continued care of this condition: \$ \_\_\_\_\_/month

Are you able and willing to be responsible for continued care? Yes No

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Funding Request Information

\$ \_\_\_\_\_ Estimated cost of treatment (attach copy of estimate from veterinarian)

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

\$ \_\_\_\_\_ Amount to be paid by other resources

Please describe: \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ Amount of funding requested from the Helping Paw Fund

Outcome of application for CareCredit card (www.carecredit.com, 800-677-0718) at veterinary clinic that will provide service:

\_\_\_ approved (amount that can be deferred into a payment plan \$ \_\_\_\_\_ )

\_\_\_ denied (provide letter of denial)

\_\_\_ My veterinary clinic does not accept CareCredit.

Outcome of request for payment plan at veterinary clinic that will provide service:

\_\_\_ approved      \_\_\_ denied

Proof of Financial Need

Employment status (circle one):

full time    part time    seeking employment    unemployed    retired

Name of employer: \_\_\_\_\_

Number of hours per week of employment: \_\_\_\_\_

Are you on a fixed income?    Yes    No



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Client Agreement

I understand that the Helping Paw Fund is provided by the CARE Center, an Illinois non-profit corporation. I certify that I have reviewed the information on this application and that the information is accurate to the best of my knowledge. If at any time my status changes I will inform the CARE Center. I agree to provide proof of financial need as requested by the CARE Center. I understand that if my financial information is misrepresented, I am liable for full repayment to the CARE Center of any assistance funds received.

I acknowledge that any assistance given to me by the Helping Paw Fund is at the sole discretion and option of the CARE Center and that dollar assistance levels and criteria for service are subject to change without notice and are subject to availability.

I hereby grant the CARE Center permission to speak with my veterinarian (or clinic representative) about the animal noted in this application and other animals that currently live in the same household.

I hereby grant the CARE Center permission to discuss my application with potential donors without disclosing my identity.

I have marked the appropriate column below to indicate whether or not I grant the CARE Center permission to use the following information in printed and online promotional materials for fundraising purposes:

	Yes	No
my first name	_____	_____
my photograph	_____	_____
my pet's name	_____	_____
my pet's photograph	_____	_____

I consent to receive follow-up communications for updates on my pet's treatment and condition, and to participate in client surveys and testimonials. I understand that I may remain anonymous if preferred.

Name (print): \_\_\_\_\_ Relation to pet's owner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application submission options:

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- c. Fax available if pre-arranged by phone
- d. Leave at veterinarian's office if pre-arranged with clinic and CARE Center