



Sadie Fund Application

Emergency/Urgent Veterinary Care Assistance

S.P.O.T.'s Sadie Fund provides assistance to financially limited pet owners needing emergency and/or urgent care for their cat or dog. Assistance is considered under the following conditions:

- 1) **Financial Assistance:** Sadie Funds must be available in our annual budget.
- 2) **Application:** Complete the form below—please print—incomplete applications will not be accepted.
- 3) **Notification of Assistance Amount:** Assistance will be arranged with the veterinary clinic and applicant.

Applicant's First and Last Name _____ Date _____
Phone Number(s) Cell _____ Home _____ Message _____
Street Address _____ City _____ State _____ ZIP _____
Mailing Address (if different) _____ City _____ State _____ ZIP _____
Email Address _____

What is your total household gross monthly income? \$ _____ (You may be asked for income verification.)

Washington State/Federal Assistance Programs — Check all that apply:

☐ S.N.A.P. ☐ Disability ☐ Housing ☐ Health ☐ Other: _____

Number of people/pets living in home? Adults _____ Children 18 or under _____ Cats _____ Dogs _____

Explain the pet emergency or need for urgent veterinary care:

Application for: (Information below for Cat or Dog must be completed IN FULL to be considered.)

☐ Cat ☐ Male (neutered? _____) ☐ Female (spayed? _____) Age _____

Pet Name _____ Breed/Color _____

☐ Dog ☐ Male (neutered? _____) ☐ Female (spayed? _____) Age _____

Pet Name _____ Breed/Color _____

Are you the legal owner of this pet? ☐ Yes* ☐ No**

*If Yes, how long have you owned pet? _____

**If No, explain relationship _____



By my signature below, I attest I am at least 18 years old and the information provided above is accurate and true.

Applicant's Signature _____ Date _____

SUBMIT YOUR APPLICATION

Ask vet clinic if they would email your application and clinic's estimate of care to:

SadieFund.SPOT@gmail.com