



Labrador Life Line Inc.

Saving Lives, One Lab at a Time

www.labradorlifeline.org

To: Whom it May Concern

You are receiving this letter of introduction, along with an explanation of our payment policy and a Pet Information Form because your client is in the process of applying to Labrador Life Line for financial aid. Receipt of this letter does not imply that Labrador Life Line has approved their application. Labrador Life Line will send a Letter of Guarantee when an application is approved.

Labrador Life Line is a 501(c)(3) registered charity established to offer financial aid for non-routine veterinary care. Since 1999, Labrador Life Line has been successful in assisting over 650 Labrador Retrievers in the US and Canada and paid out in excess of \$396,000 directly to veterinarians.

It is our hope that you will consider working with our organization so we can help your client and their Lab. At your request we are happy to provide you with a list of veterinarians we have worked with in the past.

Before we can determine whether or not we are able to help their Lab, we need a complete written estimate from your office as well as a completed Pet Information Page. The estimate should be broken down so we can determine what portions we might be able to help fund. Labrador Life Line cannot help with any routine care such as vaccinations or spay/neuter.

We are hopeful that you will consider giving Labrador Life Line and our applicant a discount as our funds are always very limited. With the current economic crisis our donations are at an all time low and the number of applications received has increased considerably.

Given the opportunity to work with your facility you will find Labrador Life Line to be a very professional organization with an impeccable reputation. We look forward to working with you.

Sincerely,
Cindy Sherburne
President
Labrador Life Line



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Labrador Life Line Payment Policies

- Labrador Life Line will only pay up to the approved amount, not to exceed 75% of the invoice after all other forms of applicant's funds have been applied.
- If Care Credit funds are available, and not used towards the treatment defined in the application, the approval of funding and guarantee of payment will be withdrawn by Labrador Life Line.
- Labrador Life Line requires that all other forms of payment including Care Credit, credit cards, grants and discounts have been applied to the invoice before determining LLL's payment amount.
- Labrador Life Line cannot assist with charges incurred prior to approval of application.
- Labrador Life Line cannot reimburse the applicant for payments made to the veterinarian.
- Labrador Life Line cannot pay on an invoice showing no balance due.
- Treatment must be completed within 60 days of approval.
- Invoice must be faxed to Labrador Life Line within 60 days of the completed treatment.
- Labrador Life Line will call clinic with a Debit Visa payment once an itemized invoice is faxed from the veterinarian.
- Labrador Life Line will only make payment to a veterinarian or pharmacy. Funds are never disbursed to an applicant.



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Pet Information Form *(to be filled out by your veterinarian)*

Please submit this form with your itemized estimate for treatment to enable Labrador Life Line to process your client's application for financial aid.

Date: _____ Pet name (first and last): _____

Diagnosis: _____ Prognosis with treatment: _____

Treatment needed: _____

Is this pet spayed or neutered? Yes / No

Is this pet current with vaccinations? Yes / No

Has the pet been heartworm tested and on heartworm prevention? Yes / No

If no, is heartworm testing recommended in your geographical region? Yes / No

Does your office accept Care Credit? Yes / No If yes, has this person applied? Yes / No

If your client is approved by Labrador Life Line for financial aid, Labrador Life Line will submit payment with a Debit Visa card by phone following completion of treatment and receipt of invoice. Are you willing to accept payment from Labrador Life Line in this manner? Yes / No

Please sign below

Signature: _____

Please print your name/title: _____

Name of Hospital or Practice _____

Name and title of contact person: _____ Clinic hours: _____

Phone number : _____ Fax number : _____

Email Address _____

Please return via FAX to 978-912-5053 with (case name) on the fax.

If you have any questions please send an email to our caseworker (info here).