CROCKETT MEMORIAL FUND

POLICIES

1. Recipients must apply in advance. Payment will not be made for expenses incurred prior to approval.
2. You may apply for this grant once a year.
3. Grants are made on a funds-available basis and the maximum amount given is $750.
4. Each client must be willing to pay a ten percent co-payment on any invoice submitted for consideration.
5. Crockett Memorial Fund policy adjustments are at the sole discretion of the PIN Executive Director.

APPLICATION PROCEDURES

1. Complete the Application for Financial Assistance for Veterinary Care (attached)
2. Gather the required attachments
3. Send or deliver the completed Application and attachments to the Pets In Need Executive Assistant
4. Applicants that qualify will be notified by a PIN staff person. A grant approval letter will be faxed or emailed to your vet, who will bill Pets In Need for the amount allocated through the grant.

ELIGIBILITY REQUIREMENTS

1. Qualify as low-income
2. Be 62 years of age or older
3. Be a resident of San Mateo County or Santa Clara County
4. Be the regular caretaker of the animal for whom you are seeking a grant
5. Have a spayed/neutered pet or agree to have the animal spayed/neutered if s/he is not already altered

ATTACHMENTS

1. Proof of income, such as the following:
   - Copy of your most recent tax return or
   - Copy of your most recent social security income statement/letter

2. Proof age and residency, such as the following:
   - Copy of your California Driver’s License or
   - Copy of your California ID

3. Proof that you are the caretaker of the animal, such as one of the following:
   - Copy of an adoption contract showing this pet was adopted by you
   - Copy of your rabies certificate for this pet or
   - Note from your vet acknowledging you as the known caregiver

4. Estimate from your veterinarian reflecting the cost of the procedure and senior discount

5. Proof pet is spayed/neutered
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Application for Financial Assistance for Veterinary Care

PERSONAL INFORMATION

Name (Please print): ______________________________ Date: __________________
Address: ___________________________ Phone number: __________________
City: ___________________________ Zip: ______________ Age of applicant: __________

1. Number of people in your household: __________________
2. What was your total household income last year? __________________
3. What was the source(s) of your income? ____________________________

PET INFORMATION

Pet’s Name: _________________ Age: ______ Sex: _____ Cat or Dog: ______

1. Is your pet spayed/neutered? _____; if no, are you willing to get your pet spayed/neutered? ______
2. How long have you been the regular caretaker of this pet? _________________
3. Name and Address of your veterinarian:
   ___________________________________________________________________

REQUIRED ATTACHMENTS

1. Proof of income, such as a recent tax return or social security statement
2. Copy of your California State Driver’s License or ID
3. Proof that you are the caretaker of the animal, such as a rabies certificate or statement from your vet

TO BE COMPLETED BY CLINIC VETERINARIAN

Medical Treatment Recommended: ____________________________________________

________________________________________________________________________

Signature of veterinarian: ______________________________ Date: ________________