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NY SAVE FUNDING APPLICATION FORM

Owner (s) Name _____

Address of Owner(s) _____

Phone Number _____ Email Address _____

If Employed, Name of Employer _____

Owner Income _____ Work Phone# _____

Income from () Disability () SSI () Welfare () Other

Number of Dependents _____

Has Owner applied to Care Credit () yes () no

-If yes, how much was approved. \$_____. This amount will have to be paid to Veterinarian.

-If no, reference or key # confirming denial _____

Can Owner (s) contribute to cost of emergency care for the pet? () yes () no

-If yes, amount owner (s) can pay directly to hospital \$_____

Name of animal _____ Age _____ () Male () Female

() Cat () Dog

Breed _____

Spayed or Neutered () yes () no

Reason for funding request: (hit by car, broken bone (s), high rise cat, pyometra, etc.) If additional space is needed, please use back of this form.

Applicant

Please write a brief explanation of your current situation which has led you to ask for funding from NYSAVE in order to obtain emergency veterinary care for your pet. Proof of financial hardship is a prerequisite to obtaining financial aid.

VETERINARIAN INFORMATION: This portion should only be completed if hospital agrees to treat the pet as a NY SAVE case. Any veterinary hospital may participate in the NY SAVE program providing it gives at least a 20% discount for these services. If approved NY SAVE can provide a maximum of \$2,000 per case.

Name of Hospital _____

Address _____

Phone _____ Email _____

Fax _____

Name of Veterinarian _____

Signature of Veterinarian _____

Estimated Cost of treatment (after NY SAVE discount): \$_____. A Written diagnosis, prognosis and cost estimate must be provided to NY SAVE before any funding is approved. Please provide documentation.

Application Submitted by _____

Date _____

Please either email documents to nycitysave@gmail.com or fax to (718) 720-1110.