



The OSCAR Foundation is unable to help everyone who applies. It is difficult to have to turn anyone away, but there are times when we have to.

The OSCAR Foundation is not a convenience for those who would simply rather have someone else pay their bill. If your pet has already been treated, they are now on the road to recovery. There are many other animals suffering and in pain. We have to focus our attention on those animals that have not had the care they need and will not get veterinary care unless we intervene.

All applicants must be legal citizens of New Mexico living in-state.

QUALIFICATION FOR FINANCIAL AID FROM THE OSCAR FOUNDATION LLC DOES NOT INCLUDE ANY OF THE FOLLOWING:

Your pet has already been treated and you have an outstanding bill you'd like help in paying.

You have applied for Care Credit and been approved for the entire amount needed.

You could have your pet treated and pay the bill, but it would place a financial burden on you.

You need financial aid for routine care, such as spay/neuter, vaccines, heartworm preventative, routine office visit, etc.

Your pet is currently at the vet, and you need money to pay the bill so they will release him/her.

The bill has already been paid, and you would like the OSCAR Foundation to reimburse you.

Your veterinarian *is not* willing to accept payment by check from the OSCAR Foundation *after* your pet is treated and an itemized bill has been sent to the OSCAR Foundation.

Your veterinarian told you there is only a *possibility* that your pet will need this non-routine care.

Your veterinarian has agreed to work with you on a payment plan.

Your pet is not spayed or neutered, and you do not agree to have them spayed or neutered.

You have received financial aid from the OSCAR Foundation in the past.

You already have a pet on site who is receiving financial aid from the OSCAR Foundation, unless approved by the Board of Directors.

You breed animals.

You are NOT willing to provide the OSCAR Foundation with proof of income or other documents that may be required.



OSCAR Foundation LLC
Owner Application for Assistance



Pet Name: _____ Age: _____ Sex: _____

Breed: _____ Spayed/Neutered? If not, why not? _____

Diagnosis: _____

Regular Family Veterinarian: _____

Veterinary Clinic: _____

Owner Name: _____ Contact Phone: _____

Owner Address: _____

Owner E-mail Address: _____

Household Income/Month: _____
(Proof of income, such as pay stub, most recent tax return, SSI benefits, etc)

Reason for Application: _____

Have you looked into other options?

Relatives: _____ Yes _____ No Care Credit: _____ Yes _____ No

Rescue Groups: _____

Comments: _____

List two references (no family relations please) and contact phone numbers:

What is your pet's medical diagnosis? On his/her letterhead, have the veterinarian provide a full description of the pet's condition, including the recommended course of treatment, your pet's prognosis or long term outcome, and the estimated cost of treatment.



Please specify the amount you are requesting. \$ _____

Is the amount different than the cost of treatment? If yes, please explain.

Comments:

Please attach all supporting documentation – photo, veterinary report, invoices, etc.

Any owner applying for funds must agree to allow the OSCAR Foundation LLC use certain information about their case for fundraising and public relations purposes.

I certify that the above information is accurate to the best of my knowledge. I further certify that I am the owner of the pet identified above and am applying for assistance from the OSCAR Foundation for medical expenses for treating that pet. I understand that I may not be approved for assistance and that the decision of the OSCAR Foundation Board of Directors is final. I further understand that the OSCAR Foundation encourages the repayment of assistance through monetary contributions and/or volunteer work.

Signature: _____ Date: _____

***Please return completed form to: The OSCAR Foundation
7200 Hensch NE
Albuquerque, NM 87109***

Questions concerning this application, please call 821-9101.

For Office Use Only:

Date Received: _____ Date Notified Board: _____

Approved: _____ Disapproved: _____ Date: _____

Notified Applicant: Date: _____ Board Member: _____

Check Amount: \$ _____ Date Mailed/Hand Carried to Facility: _____