

**Veterinary Care Charitable Fund Grant Request**

**for Dogs and Service Animals for Veterans**

**Purpose:**

AVMA members who provide charitable veterinary medical care to dogs and service animals of veterans may be eligible to receive a grant from AVMF to help pay the cost of treatment.

**Grant amount:**

Up to $1,000

Limited funds are currently available and will be approved on a first come, first served basis for applications that meet eligibility criteria.

**Eligibility Criteria:**

To be considered for a Charitable Care for Pets of Military Veterans Grant you must meet these eligibility requirements:

* Be a current AVMA member veterinarian – **pet owners are not eligible to apply.**
* Have provided treatment of illness or conditions requiring immediate veterinary care
1. Must have incurred expenses as a result of providing veterinary medical care to a dog or other service animal of a veteran and provide a cost breakdown of the services provided.
2. Applicant may not have previously received a grant through this program during the calendar year or for the same animal.
3. Only one application may be submitted per veterinarian, per animal. If multiple veterinarians within the same hospital or clinic have provided care to more than one animal, each must submit a separate application.

**Application Procedure:**

The application must be completed in its entirety with all supplemental materials attached and emailed to veteransgrant@avma.org. Please make sure to include:

❑ A summary of the care you provided

❑ A cost breakdown of the services provided

❑ Verification that charitable care provided was for the animal of a military veteran

❑ Applications should include at least two digital photos for use in promoting the

 care to the veterinary profession within the AVMA community. If your grant is approved, by accepting payment of grant funds you are authorizing the AVMF to use any photos or stories in AVMF communications unless you contact us directly.

Checks will be payable to the individual practice named in your application that meets the criteria.

**Application Approval:**

1. A member of the AVMF may contact you to request further information, and/or request additional images and quotes for use in marketing materials and fundraising efforts.
2. You will be contacted if your application is not complete.
3. No decision will be reached on an application until all requested information has been received.
4. All applications received by the AVMF will be reviewed and applicant will be notified within 30 days of application.

The final decision regarding the number, timing, and amount of grants awarded under this program is solely within the discretion of the AVMF Board of Directors and based on availability of funds. The AVMF is unable to approve any grant under this program that is not a dog or professionally trained service animal of a military veteran, as we must abide by the donor intent for use of funds.

**Applicant Information**

Name of Practice:

Authorized Veterinarian:

Address:

City:

State:

Zip Code:

Phone:

Email: (person to be contacted with questions)

Number of animals assisted:

Owner Name:

**REQUIRED:**

**I have verified that owner meets eligibility and is a qualified military veteran: ❑**

Patient Name:

Type of Animal:

* Dog
* Service Animal (please specify):

Diagnosis:

Treatment:

Reason for Funding Request:

Provide a brief summary of the charitable care you provided to this client as well as follow up care that may be necessary:

**Amount Requested:**

**Photo:** Please attach photo of patient with the owner and additional photos with clinic staff as well as any follow up photos post care if possible.

**Applicant Assurance:**  By typing or signing my name below, I certify the statements herein are true, complete and accurate to the best of my knowledge, and that my client has a valid need for the funds. I am aware that any false, fictitious, or fraudulent statements or claims are grounds for an immediate refusal of my application and may subject me to criminal or civil liability. I agree to accept responsibility for providing any personal reports if a grant is awarded as a result of this application. I understand that the granting or assistance is neither a right nor an entitlement and that the AVMF Board of Directors shall have the sole discretion to determine whether I qualify for assistance.

Signature of Treating Veterinarian:

Date