

Farley Foundation Funding Application for SafePet Participants
(must be completed in full)

Clinic Name: _____ OVMA Member on Staff: _____
Clinic Phone #: _____ Clinic Fax #: _____
Client Name: _____ Date: _____

Proof of Eligibility - SafePet Program

To be eligible for funding, the pet's owner must currently be staying at or moving into an approved women's shelter.

Name of Shelter: _____

Shelter Phone #: _____

I hereby certify that I have spoken to the shelter to confirm that the pet owner is or will be staying at the shelter

Signature: _____ Name: _____

Patient Name: _____ Dog: _____ Cat: _____ Other (Specify): _____

Breed (if appropriate): _____ Age: _____ years

Condition: _____

Estimated Cost of Treatment: \$ _____ Amount (if any) to be paid by client: \$ _____

Amount of Funding Requested: \$ _____

Applications cannot be processed until all of the following documents have been received:

- **an application form completed in full**
- **an estimate for the treatment to be provided**
- **appropriate proof of client eligibility document**

Please fax all of the above information to 905-875-0958 or 1-877-482-5941.