

ANIMAL CARE FOUNDATION CLIENT APPLICATION & RENEWAL FORM

Application Instructions:

Thank you for taking the time to fill out this application as completely as possible. The information is necessary for us to determine if you meet the organization's eligibility criteria, to help match you to a clinic and to provide the best possible care for your pet.

1. Fill out this application and then print it OR print it out and fill it in by hand.
2. If this is your first time applying or it has been more than a year since your last application, scan or copy your eligibility documentation. A list of acceptable forms of documentation is on page 4 of this application.
3. If your pet has been vaccinated for Rabies or any other diseases, scan or copy documentation of vaccination.
4. Submit your completed application, documentation of eligibility, and documentation of your pets vaccinations by:

Scan and Email all attachments to: acfcoordinator@gmail.com

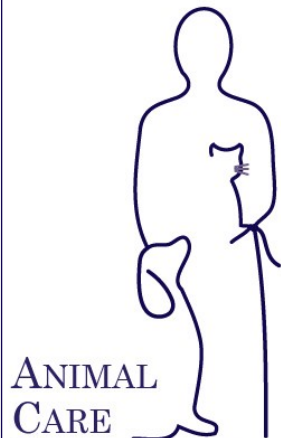
Fax all to: 877-419-1774

Send all by Regular Mail to: Animal Care Foundation
PO Box 24525
Edina, MN 55424

NOTE: Applications that are scanned and emailed as attachments or faxed will be processed the fastest.

If you have any problems or questions about filling out the application, please contact us at acfcoordinator@gmail.com or leave a voice mail at 763-529-5060. Our Coordinator will get back to you as soon as possible.

Please remember that the Animal Care Foundation can only help with the medical care for one pet per family for that pet's life. When you fill out the form, please include only the information for that pet.



ANIMAL
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of Minnesota

*Veterinarians helping
people and their pets.*

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www.animalcarefoundation.org

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TYPE OF APPLICATION

Please indicate which of the following applies:

- A. This is the first time I have applied for help from the Animal Care Foundation (ACF).
- B. I applied and was accepted within the last year. My ACF number is _____.
- C. I applied and was accepted over a year ago. My ACF number is _____.
- D. I am not certain how long it has been since my last application. My ACF number is _____.

TYPE OF VETERINARY SERVICE NEEDED

Please indicate the type of medical care your pet needs (more than one may apply):

i. Preventative (check what is needed)

- Vaccinations Heartworm test Fecal parasite test

ii. Illness. Briefly describe the problem.

iii. Other. Please include information on any previous known medical history.

NOTE: Because of the time needed to respond to your request, our member clinics do not offer emergency care.

1. Name(s) of the veterinary clinic where your pet has received care in the past

2. Has your pet been vaccinated for Rabies? Yes No

If yes, send scans or copies of documentation with application.

3. Has your pet been vaccinated for any other diseases? Yes No

If yes, send scans or copies of documentation with application.



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Title
(Mr., Mrs., Ms.):

Phone Number 1
(home):

First Name
Middle Initial:

Phone Number 2
(cell):

Last Name:

Phone Number 3
(other):

Address 1:

Email:

Address 2:

County:

City, State, Zip:

Comments:

Pet Info

Pet's Name:

Gender (choose one):

Dog Cat

Female Intact- Male Intact

Female Spayed Male Neutered

Birthday:

Color:

Breed:

Transportation Status (Choose One) Self, will provide my own transportation None, will walk



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ELIGIBILITY

1. To qualify you must be a resident of Hennepin County. If you are not a resident of Hennepin County then you are NOT eligible and do NOT submit an application.

Are you a resident of Hennepin County? No Yes If Yes proceed to Question 2

2. To qualify you must be blind, disabled, or 65 years of age or older. If you are not blind, disabled, or 65 or more years of age then you are NOT eligible and do NOT submit an application.

Are you blind? No Yes If Yes proceed to Question 3

Are you disabled? No Yes If Yes proceed to Question 3

Are you 65 years of age or older? No Yes If Yes proceed to Question 3

If you answered NO to any of the above questions then you are NOT eligible and do not submit an application.

3. To qualify you must **INCLUDE** copies or scans of one form of proof for **BOTH** Category A and Category B

CATEGORY A: You are blind, disabled, or 65 or more years old (Check the ONE box you will supply as documentation).

- A. Picture ID containing your birthdate showing your age as 65 years or older
- B. Birth Certificate showing your age as 65 years or older
- C. Driver's license with birthdate showing your age as 65 years or older
- D. Passport showing your age as 65 years old or older
- E. Social Security Disability (SSD) Award Letter or Supplemental Security Income (SSI) Award Letter or Bank Statement showing Direct Deposit of SSD or SSI (this does not include RSDI)
- F. Major VA Disability Award Letter equal to or greater than 50%

Have you included a copy of proof from Category A? No Yes If no, your application will NOT be processed

CATEGORY B: You are in need of subsidized veterinary service as proven by your enrollment in one of the following:
(Check the ONE box you will supply as documentation).

- A. Medicaid (Minnesota Medical Assistance) - Include a copy of your Minnesota Health Care Program Membership Card
- B. Supplemental Security Income (SSI) Award Letter or bank statement showing direct deposit of SSI (this does not include RSDI)

Have you included a copy of proof from Category B? No Yes If no, your application will NOT be processed



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SIGNATURE PAGE

In accordance with the conditions of the Animal Care Foundation to provide veterinary service for my pet, I confirm that the companion animal for whom I have requested veterinary service resides at my residence and that I have provided accurate information. I also acknowledge that if the companion animal receiving these services does not reside with me and/or I am not 65 or over years old or disabled, and/or I do not meet the need based qualifications, then accepting Animal Care Foundation veterinary services, constitutes an act of fraud and that I may be subject to prosecution and penalties in accordance with municipal, state and federal laws.

I understand that the ACF member clinics have limited resources and that occasionally a referral cannot be made even when a person qualifies. I understand that ACF member clinics receive no compensation from the ACF or any governmental program or a tax deduction for the services and goods they donate. Our privacy policy may be found on the website, <http://www.animalcarefoundation.org>. Signature of this form indicates acceptance of the policy.

NOTE: Meeting financial qualifications is no guarantee of veterinary service. The ACF and its member clinics reserve the right to refuse service to any client whose behavior affects the safety, security, comfort, or well-being of ACF staff, clinic staff or clients or their animals.

Have you included your 2 forms of eligibility documentation from Category A and B with this application?

Yes **No** If no, your application will *not* be processed until it is received.

To Submit electronically: Please enter your email address (if an electronic submission) and email your application and scanned documents to acfcoordinator@gmail.com.

Client Email Address:

Client Phone Number:

(_____) _____

Client Signature:

Date of Application

To Submit by regular mail: Please sign and date above and mail this application and your documents to:

Animal Care Foundation
PO Box 24525
Edina, MN 55424

Or sign and date above and fax this application and your documents to: 877-419-1774

Office use only:	<input type="checkbox"/> Application Complete	<input type="checkbox"/> Eligibility Docs Rec'd	<input type="checkbox"/> Vaccination Docs Rec'd or NA
	<input type="checkbox"/> Approve application	<input type="checkbox"/> Reject Application	



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