



P O Box 24525
Edina, MN 55424

Phone: 763-529-5060
Fax: 877-419-1774

Info@AnimalCareFoundation.org

Client Application

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. Print and fill out this application.
2. Gather your eligibility documentations. A list of acceptable forms of documentation in on page 4 of this application.
3. If your pet has been vaccinated for Rabies or any other diseases; get a copy of the vaccination certificates or bill showing they were given.
4. Submit your completed application, eligibility documents, and your pet's vaccination records by:

Emailing scans/photographs of application and attachments to:

Info@AnimalCareFoundation.org

Fax application and attachments to:

877-419-1774

Send application and attachments by Regular Mail to:

Animal Care Foundation
P.O. Box 24525
Edina, MN 55424

Note: Applications that are scanned/photographed and emailed/texted as attachments will be processed the fastest.

If you have any questions, please contact us at Info@AnimalCareFoundation.org or leave a voicemail at 763-529-5060. Our staff 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.

General Information

Client Information:

Title: Mr. Mrs. Ms. Mx.

Home Phone Number: _____

First Name: _____ MI: _____

Cell Phone Number: _____

Last Name: _____

Other Phone Number: _____

Address 1: _____

Email: _____

Address 2: _____

County: Hennepin Anoka

City: _____ State: _____

Dakota Washington

Zip Code: _____

Pet Information:

Pet's Name: _____

Gender (choose one):

Type: Dog Cat Other: _____

Female (Intact) Male (Intact)

Breed: _____

Female (Spayed) Male (Neutered)

Color: _____

Birthday: _____

Comments:



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Services Needed

Type of Application:

- New Applicant: I have never been an ACF Client.
- Applied and was accepted over a year ago. My ACF number is: _____

Type of Veterinary Service Needed:

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

- 1. Preventative (check what is needed)
 - Vaccinations
 - Heartworm Test
 - Fecal Parasite Test

- 2. Illness (briefly describe the problem)

- 3. 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.

Additional Information:

- 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, copies, or photographs of documentation with application.

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

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

**ANIMAL
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FOUNDATION
of Minnesota**



*Veterinarians helping
people and their pets*

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Eligibility

To qualify you must be able to respond yes to both of the following and provide documentation to support.

Are you a resident of Hennepin, Anoka, Dakota, or Washington County? No Yes

Are you disabled or at least 65 years old? No Yes

You must **include** copies, scans, or photographs of one form of proof from each of the categories listed below (A, B, C).

Category A: Proof of Residency (Provide one of the following.)

- A. Picture ID (Passport, Driver's License, State Issued ID)
- B. Copy of Utility Bill or Social Security/VA Disability Award Letter with Name and Address
- C. If you are homeless, sign the attached document verifying that you are a resident of one of these counties.

Category B: Proof of being at least 65 years of age or disability. (Check **1** box showing which qualification you are showing and provide one of the documents listed under that category.)

I qualify because I am 65 or older:

- A. Picture ID (Passport, Driver's License, State Issued ID) containing your birthdate.
- B. Birth Certificate showing your birthdate.

I qualify because I am Disabled:

- A. Social Security Disability (SSD) Award Letter or Supplemental Income (SSI) Award Letter or bank statement showing Direct Deposit of SSD or SSI (RSDI does NOT show that you have a disability so cannot be used).
- B. Major VA Disability Award Letter equal to or greater than 50%.
- C. SMRT Certification from the state of Minnesota (May be shown on MNChoices Plan).
- C. Letter showing enrollment in MA-EPD (Medical Assistance for Employed Persons with Disabilities)

Category C: Proof that you meet income requirements (Provide one of the following.)

- A. Minnesota Medical Assistance – copy of the letter from Minnesota Care saying that you qualify for MA.
- B. Supplemental Security Income (SSI) Award Letter or bank statement showing direct deposit of SSI (does not include RSDI).
- C. Snap Enrollment Form (Food Stamps)
- D. Letter showing you are enrolled in an MSP (Medical Savings Program) managed by the state of MN.
- E. Letter showing state or county is paying your Medicare Premiums.

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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/or I am not 65 or older, disabled, or blind 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 authorize the release of the receipts for my pet’s care to the Animal Care Foundation from the member clinic I am matched with. These receipts may include information about the type of care provided, the dates of this care, and the costs for the care. The Animal Care Foundation will not share this information with any outside organizations.

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 the ACF member clinics donate \$250 of care that they are not reimbursed for. Our privacy policy may be found on the website, <http://www.AnimalCareFoundation.org>. Signature of this form indicates acceptance of the policy.

Signature: _____ Date: _____

I would like information about volunteering with the Animal Care Foundation.

Have you included your Category A documentation? Yes No

Have you included your Category B documentation? Yes No

Have you included your Category C documentation? Yes No

If you answered no to any of the above questions, your application will *not* be processed until all documentation is received.

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, clients, or their animals. Only 1 animal per family for the life of that animal is eligible for ACF care.



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Photo Release

The Animal Care Foundation is looking for volunteers who would be willing to have a photographer come and take a photo of you with your pet for us to use in our promotions. As a thank you ACF will provide you with a 4x6 copy of one of the photos. If you would like to do this, please sign both the Photo and Name Releases below and check here:

ACF is also looking for photos of your pet to use in our promotions. If you have a photo you would like to share please sign the photo release below and send the photo via email, text, or regular mail.

Photo Release:

I grant permission and consent to the Animal Care foundation for the use of the images of my pet, my pet and myself, or my pet and their care team at the member clinic I am matched to. These images, along with my pet's name and the general care they received, may be used for public promotion of the Animal Care Foundation. I further grant permission to creatively alter the images as the Animal Care Foundation sees fit. I do not grant permission to resell the images. (You may opt out of this without affecting your ability to participate in the program, simply do not sign if you do not want us to use this information to promote our program.)

Signature: _____ Date: _____

Name Release:

I grant permission and consent to the Animal Care Foundation to use my first name for public promotion of the Animal Care Foundation and its programs. I do not grant permission for the resale of my story. (You may opt out of this without affecting your ability to participate in the program, simply do not sign if you do not want us to use this information to promote our program.)

Signature: _____ Date: _____

Special Instructions If You Are Homeless

*****ONLY COMPLETE THIS PAGE IF YOU ARE HOMELESS*****

Please designate a fixed location as your residence. We will use this information to help us match you with a clinic that is as geographically accessible as possible. We will not use this location for mail unless you request us to do so.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please check the box next to the best way for us to get program documents to you if you are approved (you will need approval documents when you go in for your pet's appointment).

Email: _____

Regular Mail: _____

By signing below, I verify that I am a resident of Hennepin, Anoka, Dakota, or Washington County.

Signature: _____ Date: _____

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