



Rusk Veterinary Grant Application
Confidential Information – for internal use only

Date _____ Veterinarian _____

Clinic Name _____

Clinic Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Client Information

Client Name _____ Patient Name _____

Client Address _____

City _____ State _____ Zip Code _____

Client Phone _____ Client Email _____

Dog Cat Other (specify) _____

Age _____ Breed _____ Sex _____

Client's relationship with the animal _____

If client receives any of the following services, please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> Social Security Income (SSI) |
| <input type="checkbox"/> Texas Medicaid | <input type="checkbox"/> Housing Assistance _____ |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Living Assistance _____ |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Healthcare _____ |
| <input type="checkbox"/> Financial Burden due to extenuating circumstances (explain) _____ | |
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Note: A copy of client's qualification in any of the above listed programs may be requested by the Texas Veterinary Medical Foundation.

Is client a resident of Texas? Yes No

Explain the client's financial circumstances that qualify him/her for a Rusk Veterinary Grant:

Provide a contextual description of the animal's overall health in addition to your diagnosis, treatment plan, and prognosis:

Provide any additional information for the decision-making process:



Rusk Veterinary Grant Release and Consent Form

Date _____ Veterinarian _____

Clinic Name _____

Clinic Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Client Information

Client Name _____ Patient Name _____

Client Address _____

City _____ State _____ Zip Code _____

Client Phone _____ Client Email _____

Dog Cat Other (specify) _____

Age _____ Breed _____ Sex _____

Client's relationship with the animal _____

Legal Consent (Please acknowledge each box below by marking it with a "✓")

- I/we understand that services will be performed for the animal named above by the veterinary staff at _____.
- I/we will not attempt to hold the Texas Veterinary Medical Foundation liable for veterinary medical care, including complications, death and additional fees beyond the grant, the need for future treatments and any other circumstances arising from the treatment.
- I/we agree to the use of any photograph(s) and stories (without the owner's specific identification) of my/our pet for educational/ promotional purposes of the Texas Veterinary Medical Foundation (including but not limited to: brochure, newsletter, display, web site). I/we further understand that I/we will not be paid for the use of such photographs and stories.
- I/ we understand that some confidential information concerning the specified veterinarian's care or treatment of my/our animal may be disclosed to the Texas Veterinary Medical Foundation.
- I/we certify that I am over eighteen years of age and am the owner or authorized agent responsible for seeking veterinary care for the pet identified above.

Terms Agreement

- No matter the amount, we ask each client to contribute to the cost of the animal's care.

Client is willing to pay \$_____ towards care.

Signature(s) of Owner or Agent

Date

Veterinary practice to submit this form along with a photo of the animal being cared for to the Texas Veterinary Medical Foundation.

- Mail: TVMF, ATTN: Rusk Veterinary Grants, 8104 Exchange Drive, Austin, TX 78754
- Fax: 512-452-4224
- Email: Ltibbitts@tvma.org

Grant payments will be paid directly to the practicing clinic/veterinarian upon receipt of the final invoice from the veterinarian along with the signed release waiver and consent form.