



RUSK VETERINARY ASSISTANCE GRANT APPLICATION
Confidential Information – for internal use only

VETERINARIAN INFORMATION

Date _____ Veterinarian _____

TVMA Member #: _____

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 _____



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CLIENT FINANCIAL INFORMATION

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

- SNAP
- Texas Medicaid
- WIC
- Unemployment Insurance
- Financial Burden due to extenuating circumstances (explain) _____
- Social Security Income (SSI)
- Housing Assistance _____
- Living Assistance _____
- Healthcare _____

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: _____

PATIENT INFORMATION

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



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Provide any additional information for the decision-making process:

Please have the client provide a brief paragraph about the situation and their relationship/bond with the animal (can be an attachment to the application).



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TREATMENT PLAN FINANCIAL INFORMATION

Estimated total cost of care for the animal:

Attach itemized financial estimate. Please include any discounts that are being applied to estimate.

Diagnosis \$ _____ Treatment \$ _____

Value of discounts provided by veterinarian:

A reasonable effort must be made to discount services to qualify for a Rusk Veterinary Assistance Grant.

% Discount _____ Total Amount of Discount _____

Financial contribution of the animal owner:

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

Client is willing/able to pay \$ _____ towards care.

Grant Amount Requested:

Grants are subject to availability of funds and may not exceed \$1,000 per case.

Grant Amount Request \$ _____



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GRANT TERMS AND CONSENT

Terms Agreement

(Please acknowledge each statement below with initials from veterinarian and client)

_____ Grant payments are paid directly to the veterinarian. Please allow 30 days for grant payment to be made.

_____ Applicant Assurance: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I agree to accept responsibility for providing any personal reports if a grant is awarded as a result of this application.

Legal Consent

(Please acknowledge each statement below with initials from veterinarian and client)

_____ 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.

_____ I/we are not staff members of the Texas Veterinary Medical Association or Texas Veterinary Medical Foundation or Board of Trustees of the Texas Veterinary Medical Foundation.

Signature of Owner or Agent

Date

Signature of Veterinarian

Date



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APPLICATION SUBMISSION

Submit application form along with:

1. Clinic W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
2. Treatment plan
3. Itemized estimate for services
4. Any additional supporting documentation
5. Photo of animal

Submit to completed scanned application to Leah Ann Tibbitts, Director, at Ltibbon@tvma.org.

Applications may also be submitted via mail or fax.
Texas Veterinary Medical Foundation, ATTN: Rusk Veterinary Grants
8104 Exchange Drive
Austin, TX 78754
Fax: 512-452-6633

Questions? Contact TVMF Director, Leah Ann Tibbitts at 512-452-4224 or Ltibbon@tvma.org.

Notification of grant awards are made directly by the TVMF Director and/or appointed designee within five business days (Monday through Friday, excluding major holidays) of receiving the application. 24 to 48-hour notification applies only to applicants that are in a life-threatening situation.