



Veterinary Professional,

You have been directed to this page because your client is in the process of applying for a grant with HEALTHY CANINES INC.

Healthy Canines is a small all-volunteer, 501(c)(3) nonprofit organization that offers financial assistance for non-routine veterinary care for Georgia residents who find it difficult to pay for their dog's healthcare for an illness, injury, medication, and medical equipment. It is our hope that you will consider working with our organization so we can help your client and their pet. Healthy Canines does not discriminate against breed, age, or diagnosis.

Before we can determine whether or not we can provide financial assistance for your patients' healthcare, we require a written estimate from your office, as well as, a completed Veterinarian's Treatment Information Form. The form can be found below. The estimate should be itemized, so that we can determine which portions of the pet's treatment may qualify for a grant. Healthy Canines DOES NOT provide financial assistance for any routine care, such as vaccinations, check-ups, routine dental care, neutering or flea, tick and monthly heartworm prevention.

Because donations to Healthy Canines are at a critical low and applications for financial assistance are at an all-time high, our funds are extremely limited. So that we can help as many dogs as we can, we only give grants **up to \$500.**

Given the opportunity to work with your veterinary practice, you will find Healthy Canines to be a very professional organization with a passion to helping our furry little companions.

To learn more about working with Healthy Canines, please navigate through our website.

Warm Regards,

Kim Simpson-Dailey, Founder & President



Healthy Canines Payment Policies

- 🐾 Healthy Canines provides financial assistance for illness, injuries, medication, and medical equipment only.
- 🐾 Healthy Canines does not provide financial assistance for routine treatment, vaccinations, spay/neuter or euthanasia, etc.
- 🐾 Healthy Canines cannot pay for elective cosmetic surgical procedures to enhance the aesthetics of the animal, such as, ear cropping, tail docking, etc.
- 🐾 Healthy Canines will pay only up to the invoice balance for qualifying medical treatment.
- 🐾 Healthy Canines cannot reimburse the applicant for any payments made to the veterinarian.
- 🐾 Healthy Canines cannot provide financial assistance once a procedure has been done or in progress.
- 🐾 Healthy Canines cannot pay a deposit.
- 🐾 Healthy Canines cannot pay an invoice showing no balance due.
- 🐾 Healthy Canines will send a check via the U.S. mail within 3 days of receipt of an itemized invoice emailed or faxed by the veterinary practice.
- 🐾 Healthy Canines does not provide financial assistance for diagnostics. A diagnosis is required prior to the applicant applying for assistance.
- 🐾 Healthy Canines will only make payment to a veterinarian clinic or hospital directly. Contributions are never disbursed to an applicant.
- 🐾 If the applicant has a pet insurance policy, Healthy Canines will only assist with the balance not covered by insurance minus the deductible.

Healthy Canines Inc. does not discriminate against breed, age, or diagnosis. Healthy Canines Inc. reserves the right to deny funding to anyone for any reason.

Veterinarian Treatment Information Form

This form is to be completed by the veterinary practice that is treating the patient.

Today's Date: _____

Client's Name _____

Pet's Name _____

Client ID: _____ Diagnosis (diagnosis require) _____

(Healthy Canines cannot pay for diagnostics)

What treatment is still needed? Please explain _____

In your professional opinion, is this pet likely to die or require euthanasia within 10 days if not treated?

Circle: Yes or No

If yes, please explain why: _____

If no, what is the pet's prognosis and recovery process/time? Please explain: _____

Prognosis with treatment: Circle one: Poor Fair Good Excellent

How soon could treatment occur, if funds were available? _____

Total amount of the estimate: \$ _____

(Attach a detailed and itemized treatment plan)

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Is the pet spayed/neutered? Circle: Yes or No Is the pet inpatient now? Circle: Yes or No

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Does your practice offer payment plans for your clients? Circle: Yes or No

If yes, what are the terms of the payment plan? _____
(Weekly, Monthly Payment Amount)

Does your practice accept CareCredit? Circle: Yes or No

Name of Veterinarian hospital or practice: _____

Name of attending veterinarian: _____

Name of veterinary contact and title: _____

Veterinary hospital or practice address for payment remittance:

(Please print clearly)

Phone: (____) _____

Fax: (____) _____

Email: _____

Please sign below:

By signing below, you confirm that you understand and agree to accept Healthy Canines payment terms. To be signed by the veterinary practice only, not the applicant

Signature:

(To be signed by the attending veterinarian)

(Please print your name)

Please email or fax all pages of this packet along with an itemized invoice estimate and office notes to grants@healthycanines.org or (404) 835-7684.

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