



The following is the BooTiki Application for grant approval. Please make sure you complete it in its entirety. Any missing information may lead to your application being denied without further process. Your pet must have a current exam within ONE month of application submission and you must be in good standing with your current veterinarian. Receipt of a completed application does not guarantee grant approval. Final approval is determined by votes cast from approved BooTiki Fund board members. You must include the following components when submitting your application or it will NOT be processed:

- * Estimate from Referring Vet of Expected Treatment Costs
- * A Copy of Most Recent Paystub or Proof of SSI
- * Proof of Care Credit Declaration Page

PLEASE NOTE: Applications normally are processed within 72 hours. Should this be an Emergency Case please inform the Director at submission and we will do our best to process application within 24 hours.

Should you have any questions with the application process please email us at

bootikifund@comcast.net



The Boo Tiki Fund

“Our mission is simple. Our compassion is real. Aid the animal in need.”

Application for Assistance

Name of Owner: _____

Street Address: _____

City/ State: _____ Zip Code: _____

Home: () _____ Cell: () _____ Work: () _____

Email Address: _____

Drivers License: _____

Pet's Name: _____ Species: _____ Breed: _____

Age: _____ Sex (M/F/S/N): _____ Color: _____

Referring Veterinarian: _____

Referring Hospital Address: _____

_____ Phone: () _____

Diagnosis: _____

Prognosis: _____

Have you applied for Care Credit? Yes _____ No _____

Date applied: __ / __ / __ Approved: _____ Denied: _____

Approval Amount: _____

(If denied you must provide the Care Credit denial declaration page)

Grant Amount Requested: _____

(Please include an estimate of care from treating veterinarian)

~ALL APPLICATIONS MUST BE RECEIVED WITH A CURRENT PAYSTUB~

By accepting this donation you also agree to the following:

*To Supply a Photo of Your Pet

*To Include a Brief Biography about Your Pet

I attest that all information I have provided in this form is accurate and complete. I give consent for all the above mentioned care at the treating doctor's discretion. I fully understand that donation of this grant in no way causes The Boo Tiki Fund to assume any liability for my pet and does not ensure outcome of any treatment provided. I understand that any photographs or documented care may be used for purposes of promotion and fundraising.

Signature: _____ Date: __ / __ / __

- Note: If you are applying for assistance as the representative of a Rescue Organization you must first apply to be listed on the Boo Tiki Fund list of Approved Rescue Organizations.

*** To Be Completed by Granter**

Approving Board Member: _____

Approving Board Member: _____

Grant Amount Approved: _____ Date: __/__/__