

**FELINE OUTREACH INC.**  
PO Box 6933, Traverse City MI 49696  
Fax Number: 866- 420- 8449  
**FINANCIAL ASSISTANCE APPLICATION**

**Feline Outreach assists owners with unanticipated veterinary expenses rather than ongoing, routine care such as vaccinations. For assistance with spaying/neutering and vaccinations, we encourage owners to explore the availability of low cost clinics in your area that may be able to provide these services at a reduced cost.**

Name _____	Cat's Name _____
Address _____	Cat's Gender _____
_____	Cat's Approximate Age: _____
Phone Number _____	Spayed/Neutered? _____
E-Mail Address (Please print clearly to avoid notification delays): _____	Indoor or Outdoor? _____
_____	How long have you had the cat? _____
Where did you get the cat? _____	_____

Describe your cat's medical/health conditions including current medication, supplements, special diet and treatment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veterinarian and Clinic Name \_\_\_\_\_

May we contact your veterinarian with questions? \_\_\_\_\_

Veterinarian Phone Number \_\_\_\_\_

Veterinarian Address \_\_\_\_\_

**Please attach a diagnosis statement or estimate of services from your veterinarian.**

List two personal references (other than family/relatives):

Name _____	Phone _____
Address _____	_____
_____	_____
Name _____	Phone _____
Address _____	_____
_____	_____

Please describe your animal-related activities, paid or unpaid (membership in on-line groups - please provide user name/id; volunteer or staff with an animal organization or service, etc).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FELINE OUTREACH INC.**  
**PO Box 6933, Traverse City MI 49696**  
**Fax Number: 866- 420- 8449**  
**FINANCIAL ASSISTANCE APPLICATION**

Household/Personal Income Information:

All persons for which the pets' care are shared should be included in household information. For example, a roommate you don't consider as a co-owner of the cat should not be included; a significant other you "share" the pet with should be included. Children for whom you care or share care should be included.

Number of adults in the household: \_\_\_\_\_ Number of cats in household \_\_\_\_\_  
 Number of children in household: \_\_\_\_\_ Number of dogs in household \_\_\_\_\_  
 Number of other pets in household \_\_\_\_\_

Employment Information - Primary Applicant:

Employer \_\_\_\_\_ Position/Occupation \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 How long have you worked there? \_\_\_\_\_

Employment Information - Additional Adult in Household:

Employer \_\_\_\_\_ Position/Occupation \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 How long have you worked there? \_\_\_\_\_

<u>Sources of Income</u>	<u>Person Receiving Income</u>	<u>Amount per month</u>
Employment	_____	_____
State Assistance	_____	_____
Food Stamps	_____	_____
Disability	_____	_____
Unemployment	_____	_____
Child Support	_____	_____
Military Benefits	_____	_____
Workers Compensation	_____	_____
Other (Please Specify)	_____	_____
	_____	_____
	_____	_____

**Please attach supporting information such as a copy of the check stub, most recent W-2 or 1099, or a copy of your most recent bank statement. Please block out all social security numbers on the information you attach.**

List other assets (example: automobile, savings etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FELINE OUTREACH INC.**  
PO Box 6933, Traverse City MI 49696  
Fax Number: 866- 420- 8449  
**FINANCIAL ASSISTANCE APPLICATION**

Monthly payments and debt: List major monthly expenses for housing, transportation, medical bills, pet care, etc. and all outstanding debt of mortgages, credit cards, and other loans.

Include any items needed to give us an overall picture of your financial situation.

Money Owed To	Payment For	Unpaid Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your needs for financial assistance (veterinarian bills, medical supplies, medication, etc) and estimated cost:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much of the above costs could you personally pay? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please check if you prefer to treat this assistance as an interest-free loan, and complete the following.  
I promise to pay \$\_\_\_\_\_ per month to Feline Outreach for repayment of assistance received.

**Please submit a copy of a recent credit card statement showing your available credit on a CareCredit or other credit card account. If you have no credit cards, indicate as such and include a copy of your most recent bank statement.**

Special comments or information you would like Feline Outreach Inc. to consider: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

**FELINE OUTREACH INC.**  
PO Box 6933, Traverse City MI 49696  
Fax Number: 866- 420- 8449  
**FINANCIAL ASSISTANCE APPLICATION**

Have you visited the Education section of our site? \_\_\_\_\_

If no, why not? \_\_\_\_\_

If yes, which pages did you visit? \_\_\_\_\_

Comments/suggestions on the educational information provided (was it helpful? do you plan to make any changes in your cat's care as a result of reading it?): \_\_\_\_\_

I certify that the above information is true and accurate. I understand that this information will be kept strictly confidential I further understand that the completion of this application in no way guarantees financial assistance from Feline Outreach Inc.

If financial circumstances change for me, I will notify the Feline Outreach Inc. board that there is no further need for assistance.

I am willing to be interviewed by a member of Feline Outreach Inc. to seek further clarification about the information submitted by me. I understand Feline Outreach Inc. may seek verification or more information from any source in this application. I hereby authorize the Feline Outreach Inc. board to receive further information and/or inquire about the status of any of the information, medical, financial or personal, from the above sources that I have listed.

I understand that all financial assistance will be paid directly to a veterinarian, pharmacy, or other vendor only

**APPLICANT SIGNATURE**

\_\_\_\_\_ Date \_\_\_\_\_

Please mail the Financial Assistance Application to:  
Feline Outreach, Inc.  
PO Box 6933  
Traverse City MI 49696

Or Fax Financial Assistance Application to:  
866-420-8449

**Please be sure to include the following attachments:**

- 1. Diagnosis statement or estimate of services from your veterinarian.**
- 2. Supporting income information such as a copy of pay check stub, most recent W-2 or 1099, or a copy of your most recent bank statement.**
- 3. Recent CareCredit or other credit card statement showing available credit limit.  
If no credit cards, indicate as such and include most recent bank statement.**
- 4. Copies/estimates of bills you are seeking assistance for.**

**Please block out all social security numbers on the information you attach.**

Questions may be directed to: [general@felineoutreach.org](mailto:general@felineoutreach.org)

An e-mail alerting us that you will be submitting an application is appreciated so we may provide assistance as quickly as possible.