

PPL Use only:	
Received by: _____	Date & Time: _____
Amount Approved: _____	Initials: _____

APPLICATION FOR FINANCIAL ASSISTANCE FROM PPL

Please do NOT submit this application if you do not meet the following qualifications:

1. Applicants must live in Leadville or Lake County.
2. Single applicants must earn less than \$45,000 gross/year or married/partnered applicants must earn less than \$70,000 gross/year. Gross income includes ALL sources of income: business, unemployment, disability or investments before taxes or expenses, and you must be willing provide information on your net worth upon request during PPL's review of your application. PPL reserves the right to deny assistance if it is determined that the reported net worth varies greatly from additional information provided.

Date of Application: _____ Name(s): _____
Physical Address: _____ PO Box: _____
City: _____ State: _____ Zip: _____ Phone: _____
E-mail: _____

Financial Information: (If you live with a spouse or partner, both incomes must be submitted.)

Monthly Gross Income of wage earner #1: _____ Wage earner #2: _____

Verification of Employment:

I/we (please print) _____
hereby give permission to PPL to verify the following information regarding employment:

Applicant employed by _____ Contact person _____
Date of hire _____ Phone _____

Spouse/Partner Employed by _____ Contact person _____
Date of hire _____ Phone _____

Pet Information:

Is your pet a dog/cat/other? _____ Name of your pet: _____ Age of your pet: _____

Do you currently have a Vet? _____ Vet's name: _____

What type of assistance are you seeking: Full Cost of Spay/Neuter (√) _____, Other, please describe:

Please explain why you need financial assistance:

_____ You may attach another sheet if you need more space.

ACKNOWLEDGMENT, RELEASE AND HOLD HARMLESS AGREEMENT:

I/We, (print names) _____, hereby affirm that the information provided is true and correct to the best of my/our knowledge, information and belief. I/We authorized PPL to contact my/our employer(s) to verify the information listed above. If approved as a recipient of any assistance funds from PPL, I/We fully agree to save, indemnify and hold harmless Planned Pethood Assistance, Inc. t/a Planned Pethood Leadville from and against any and all claims, demands, suits, actions, fees and costs incurred for loss or liability of any kind, arising directly or indirectly out of this application or performance of medical care, surgery or post-surgical care of the animal using funds provided by PPL. I/We consent to PPL contacting me/us by telephone or email.

Signature(s): _____ Date: _____

MEDICAL RELEASE:

I/We, (print names) _____, hereby grant permission to PPL to exchange medical information with any veterinarians involved with providing care for my/our pet in order to determine my/our eligibility for and provision of assistance.

Signature(s): _____ Date: _____

Please drop off this completed application **along with an estimate from your vet** to the Lake County Animal Shelter, or Chris at Rocky Mountain General Counsel, 607 Harrison Ave in Leadville (there is a mail slot for after-hours drop-offs), or email it to: vp@plannedpethoodleadville.org.

IMPORTANT NOTES TO APPLICANT(S):

Your application will be reviewed by PPL usually within 48 hours after it is received and you will be notified of any request for additional information and/or the funding decision by email or phone. **PPL cannot guarantee expedited review of emergency applications.** If your pet has an emergency situation, you are responsible to get them the necessary care and then you may submit an application for financial assistance. All applications for emergency services must be submitted within two (2) weeks of your pet's medical services being completed or from the date of the estimate from the veterinarian for such services.

Please keep in mind that PPL is an all-volunteer non-profit organization. Members of the Board of Directors review applications received in their spare time, so please be patient and help expedite the application process by promptly submitting all requested information and regularly checking your email or voice mail for messages from PPL.

PPL can only pay your veterinary services provider (and not you or other individuals), and such payment will only be made after PPL's Treasurer has been invoiced by that provider. PPL may only be able to cover a portion of any invoice, and you remain responsible for any other unpaid balances. Veterinary service providers outside of Lake County may be used by applicants after PPL's approval of an application, but they must be advised in advance of PPL's payment process and billing procedure and provide consent to such arrangements. You must also provide contact information for any provider used, including their name, phone number and email address so that PPL can contact them directly to confirm the services to be provided and discuss payment arrangements. If you have already paid your bill, it is your responsibility to work out the details with your veterinarian to credit your account.

We hope that Planned Pethood Leadville will be able to provide assistance to you and your pet!