

**Assistance Request
Animal Care and Assistance Fund ("ACAF")**

Due to our limited funding availability, only pets seen at Pittsburgh Veterinary Specialty and Emergency Center are eligible for consideration. We are designed as a one-time benefit in most situations.

FINANCIAL STATUS VERIFICATION FORM

Please note: Owner is financially responsible for the entire balance of the initial visit--including examination, diagnostics and initial treatments.

Owner's Name: _____

Patient's Name: _____

PVSEC Department: _____

Home Address: _____

Telephone Numbers: _____

Estimated monthly income: _____

Can you provide proof of income? _____

Have you made any previous requests for financial assistance from ACAF?

I attest the above information is factual and accurate. I understand that the funds I am requesting are distributed subject to the discretion of the Board of Directors of the Animal Care and Assistance Fund.

_____ **Signature of Requestor**