



PAWS Medical Assistance Request Form

Checklist when submitting:

- ✓ Sent in completed application.
- ✓ Included animal A# and bio in the application.
- ✓ Emailed photos as attachments.
- ✓ Sent in receipts.

If the bill is very high, you can request to have the animal placed on our website with a paypal button with the animal's ID number to help raise funds.

- ✓ Requested PayPal Button

Upon Approval

- ✓ Please provide acknowledgement to PAWS for helping provide financial assistance, on your website, in animal's bio, at adoption fair.

Example:

Pet Awareness and Welfare Society for San Jose Animal Care and Services provided funding for this animal's medical care. Learn more about PAWS at <http://www.paws4sjacs.org>.

- ✓ Place PAWS logo and/or url on your website.
- ✓ url: <http://www.paws4sjacs.org>

Important Request:

- ✓ Schedule a PAWS sponsored event(s) to volunteer at.
- Everyone who receives funding is encouraged to participate in one or more PAWS fundraisers. A PAWS volunteer can provide you with more information on upcoming events.
- Without volunteers helping to raise funds, PAWS wouldn't have the resources to help so many animals or provide critical support for special programs.

Please call or email us to learn more about when upcoming events are taking place.

Email info@paws4sjacs.org or call: 877-729-7475



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Application Instructions

Eligibility

1. PAWS will consider covering non-emergency needs for animals that have a good prognosis for becoming a healthy, adoptable animal after treatment.
2. All animals must have a relationship with SJACS in order to be considered, e.g. be rescued from the shelter and have an "A" number, or be rescued through an ASO intervention and have a case number, etc.
3. Animals must be non-hospice and non-reclaim status.

Funding

1. In significant medical cases, PAWS will fund 50% of the expenses, up to a max of \$500. For dental work PAWS will fund a maximum of \$200 towards dental work and/or cleaning.
2. Standard medical procedures, e.g. spay/neuter, testing, vaccinations, routine office exams, will generally not be considered for funding.
3. Funding is limited and not all requests can be accommodated. Consequently, we recommend and encourage the applicant to actively solicit financial support from other funds, agencies and outside sources. If needed and approved, we can put a paypal button on our website to help raise additional funds.
4. The original receipt or a legible copy of the receipt must be submitted within one week of the services being rendered.

Requirements

5. The requester is required to provide story and picture(s) with this application that can be posted to the PAWS website. This information must be submitted to medicalfund@paws4sjacs.org before receiving funding from PAWS. If story/bio separate from application, please provide as a .docx.
6. PAWS would appreciate that there be acknowledgement of PAWS donation in animal biographies and to have the hotlink to PAWS website (www.PAWS4SJACS.org) on their website, if they have a website.
7. The requester/group is encouraged to participate in a PAWS fundraiser, annually.

Submission Instructions

Email completed form with: invoice for medical services or detailed quotes if requesting money in advance of procedure, the total cost for procedures, and animal photos as attachments to: medicalfund@paws4sjacs.org

Or you can mail to:
PAWS for SJACS
2633 South Bascom Avenue
Campbell, CA 95008

Checks will be made payable to the veterinarian/service provider who is providing the service(s).

Questions about filling out this application or if you qualify?

Email us at medicalfund@paws4sjacs.org or call: 877-729-7475



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Instructions: Please fill out completely and email photos as attachments to: info@paws4sjacs.org

Date request		SJACS Number, ASO Case Number	
Animal Name		Species	
Breed		Description	
Age		Gender	
Medical condition and prognosis:			
Animal Bio/Story:			
Funding Requested		*Please attach animal photos to email; do not put in this word doc.*	
Adopted/Available			
Rescuer/Requester		Email	
Rescue Group		Telephone	
Website			
Please list other groups to which you have, or plan to, apply for funds, and include the amount you are requesting.			
Name of group:		Amount:	
Name of group:		Amount:	
PAWS BOD USE ONLY:			
Funding Approved:		Comments:	
Post w/PayPal?			
Check #:			
Date:			
Payable to:			