



## Assistance Application

Date:	
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Name:			
Address:			
City:	State:	Zip:	
Phone:	Cell:	Email:	

Pet Name:	Species:	Breed:
Age:	Health History:	

Veterinarian Name:	Clinic:	
Address:		
City:	State:	Zip:
Phone:	Contact Name:	

Please describe your pet's current health problem with as much detail as possible:

What is the Vet's current course of action:

Our dream is to help every pet in need. However, as hard as it may be, not everyone can be saved. We will speak in-depth with your pets' veterinarian about their diagnosis and prognosis to learn if we can help.

Please note: The Bogey Foundation is a charity that is funded solely on donations. If we are unable to help, it does not necessarily mean your pet is helpless, only that your pets' condition is beyond the scope of assistance from The Bogey Foundation.

The Bogey Foundation is a charity that offers financial aid for treatment of your pet, based on the circumstances of your pets' needs and health. Also, the foundation looks at the need of assistance based on your financial situation. We are not a veterinarian clinic and play no part in the decision of treatment. Therefore, we can accept no responsibility for the outcome of treatment. By entering your name on this form, you are in agreement of these terms.

Signature:	Date:
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Typing your name constitutes your signature