SSOA Application

Applicant Name :			
Address:			
Phone:	Cell : _		
Place of			
Employment:		_Phone:	
Pets Name		Cat/Dog:	
Breed:	Sex:	S/N Yes / No	Age:
Members of the Household:	Adults	s: Cł	hildren:
Last Years Income:		Proof (Paystub x2, Ta	ax return, DSI, SII, etc)
Current Income:		Proof (Paystub x2, D	OSI, SII, etc)
Any sources of additional monetal (Child Support, Spousal s			
Are you Applying for:			
Compassion Fund (medica	al) Spay/Ne	uter Assistance	
Reason for Medical Visit:			
Reason for applying for aid?:			
Budget/Amount of funds that you	u have to work with:		

Please note: Most programs provide assistance in a tiered discount. Free services are few and must be approved by the board and may take several days before approval. The staff will go over any all charges before service is performed.

If approved, will you allow pictures/photographs of your pet to be used by Saint Seton's	
Orphaned Animals to continue fundraising and grant fulfillment?	

Saint Seton's Orphaned Animals, hereby referred to as Saint Seton, must follow federal and grant guidelines in providing assistance. Assistance is based on qualification predetermined by the program that I have applied for and once the fund obligations are fulfilled, the fund will be discontinued. If approved, Saint Seton's will provide Operation Love grant funds to pay for the approved care only. I have the right to accept or decline this financial assistance. All Tiered assistance will expire in 90 days. Reapplication is allowed but approval may be declined due to changes in financial status change or due to funding changes. If any of the application contains false information, assistance will be pulled.

The main tenet of SSOA is to help reduce pet overpopulation and economic euthanasias. If a Patient is approved by SSOA for surgery funding, and they are not neutered or spayed, the neuter/spay will be included in the procedure if the doctor(s) deem that the patient is stable enough at the time of surgery and the spay/neuter surgery will be required for SSOA to give funding to the patient. The owner may elect to decline all services if they do not wish to have the patient spayed/neutered.

I understand the costs of care for ongoing chronic illnesses are not eligible for payment under the Operation Love program and will not be approved. I understand I that am financially responsible for the cost of any care for ongoing chronic illnesses and for any care provided for my pet that is not specifically approved in writing by Saint Seton. I understand that I hold sole responsibility for initiating and re-applying to Saint Seton for any further additional grant funds for financial assistance I may seek in the future. Saint Seton is not obligated to provide any financial assistance and approval or disapproval of any future grants for financial assistance is at the sole discretion of Saint Seton.

Saint Seton operates the Operation Love grant program to provide grants for financial

assistance for veterinary care only. The program itself does not provide veterinary care or advice. I understand Saint Seton and the Operation Love grant program are separate from the Loving Touch Animal Hospital and its staff. The hospital and staff are not responsible for and are, in fact, unable to address any questions or issues with respect to Saint Seton and the Operation Love grant program, such as but not limited to application for grants funds, availability of grant funds, approval or disapproval, or terms of the grants. I agree to direct any and all inquiries relating to the Operation Love grant program to Saint Seton and agree to hold harmless and indemnify the Loving Touch Animal Hospital and its staff for any claims arising out of or relating to the Operation Love grant program.

Aid will be rescinded if the applicant is disrespectful towards, verbally abuses, and/or acts inappropriately in any other way towards the Volunteers and Staff of Saint Seton Orphaned Animals and Loving Touch Animal Hospital. The volunteers and staff are volunteering their time to assist in providing care to those who need it. Without their efforts program like this cannot be continued.

By signing below, I confirm I have read and understood this agreement.				
Owner/Applicant's Signature Date				