



# Financial Assistance Application Form

H.E.L.P. Help Every Little Paw.org  
208 659 6408

[HelpEveryLittlePaw@hotmail.com](mailto:HelpEveryLittlePaw@hotmail.com)

Friend us on Face book

Date of Issue \_\_\_\_\_ Amount of Assistance \_\_\_\_\_ Reason \_\_\_\_\_

Pet Owner/Responsible Party Name \_\_\_\_\_ Phone \_\_\_\_\_

Pet Owner/Responsible Party Address \_\_\_\_\_ Email \_\_\_\_\_

Animal: Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F Weight \_\_\_\_\_ Species \_\_\_\_\_

Color \_\_\_\_\_ Pregnant: Y / N Referred to: Name (Veterinarian-Clinic) \_\_\_\_\_

Signature of Pet Owner/Responsible Party \_\_\_\_\_

By signing this application the owner/responsible party agrees to pick up the animal when released by treating veterinarian

Signature of treating Veterinarian \_\_\_\_\_

**This certificate is null and void if tail docking, ear cropping, or any other mutilating procedure is to be done.**

Name of H.E.L.P. Volunteer/representative issuing voucher:

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

List any other vouchers or subsidies used in addition to this voucher for this animal.

List any donation/co-payment made by owner/responsible party to either the participating veterinarian or H.E.L.P

Remarks: \_\_\_\_\_

Help Every Little Paw is a non-profit organization  
dedicated to the health and happiness of all pets.  
We achieve our goal to rescue those abandoned,  
stray or neglected and to provide medical attention,  
spay and neuter program, socialization rehabilitation and  
food to those in need through raising necessary funds.

Please complete and leave this form with the treating veterinarian office to be submitted to H.E.L.P. with final bill.  
No reimbursement shall be issued by H.E.L.P. without the completion of this form.  
Invalid 30 days from date of issue.