



Heart2Heart Pet Lifeline Eligibility Guidelines

Coulee Region Humane Society assists Heart2Heart in determining whether eligibility guidelines are met. If guidelines are met, we will consider the application for a grant award. All funding requests for all domestic companion animals will be considered at Heart2Heart's discretion. We will NOT cover farm animals, animals owned by breeders, or animals used for research or commercial purposes of any kind.

The following criteria will be used to determine if funds will be awarded for an animal's care:

- The financial need of the animal owner.
- The opinion of the treating veterinarian as to the necessity, urgency, and prognosis for the treatment needed.
- The urgent need for pet boarding services to prevent surrender of the animal.
- The demonstrated capability of the owner to take responsibility for his/her animal.

BASIC ELIGIBILITY GUIDELINES - PLEASE READ CAREFULLY!

1. The applicant must live within La Crosse County.
2. The applicant must be seeking assistance for necessary medical care or emergency boarding services for a pet.
3. Our grants are typically \$100, with a maximum of \$400. Grant decisions are based on several factors including: medical necessity, financial need, available funding and eligibility.
4. Heart2Heart grants are given directly to the veterinarian or boarding business who provides the service. Funds are never given directly to the grant recipient. Funding pledged will be available for 30 days after approval.
5. For veterinary services the applicant must obtain a diagnosis and treatment plan before applying and provide a complete cost estimate from your veterinarian on medical care needed for his/her pet.
6. For boarding services, the application must detail specific circumstances, boarding time, and estimated cost from boarding business. Heart2Heart will cover, if needed, required immunizations for boarding but will not exceed the maximum grant of \$400.00.
7. The applicant must have investigated other financial options and provide proof of financial need. Evidence of financial need can be demonstrated by participation in programs such as SSI, unemployment, WI Works.
8. The applicant will be asked to provide us with a photo of his/her pet.
9. The applicant must agree to allow us to include any, all or part of your story and a picture of your pet in our promotional materials. (We will not include your real name.)
10. A Heart2Heart board member may call to ask if the client is willing to participate in a media interview to tell their story and promote Heart2Heart services.
11. It is expected that the applicant will bear some financial responsibility. A copay of \$25 is required and the applicant is responsible for the balance of the veterinary bill over the grant amount.

Heart2Heart does not cover the following:

1. Reimbursement for already completed treatment or help with an outstanding bill.
2. Treatment if you have already received assistance from Heart2Heart in the past 12 months.
3. Aid for elective surgery (surgery not required for health).
4. Treatment for a pet who is terminally ill, with little or no chance of survival.
5. Routine care such as annual vet exams, vaccinations, routine tests/screens or dental cleanings.

A Heart2Heart pilot program paying the costs for spaying or neutering of cats and kittens at the Alter-Ations CATsNIP Clinic in Viroqua is available to income-eligible La Crosse County residents.

Heart2Heart is not responsible for loss of pet due to any procedure or service performed.



Heart2Heart Pet Lifeline Application

Approved: _____	Copay	Amount Awarded: \$ _____	ASM	Closed
Date: _____	Photo	_____	Spreadsheet	
Notes: _____				

Owner Information:

First Name: _____ MI: _____ Last: _____

Street Address: _____ Apt/Trl: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date of birth: _____

Email: _____

Income Eligibility:

- SSI BadgerCare Unemployment FoodShare
- Wisconsin Works (W2) Temporary Assistance to Needy Families (TANF)
- Food Distribution Program on Indian Reservations

Other source of income: _____

Number of Dependents: _____

Pet's Information:

Name: _____ Male or Female? _____

Age: _____ Is your pet spayed/neutered? _____

Species/Breed: _____

Name and Phone number of veterinarian: _____

Reason for medical service/treatment: (infections, eating or urinary problems, hit by car/broken bone, etc.).

Estimated Cost of Treatment: _____

Other comments:

(optional)

How did you hear about Heart2Heart? _____

A Heart2Heart Pet Lifeline board member may call to ask you to help us promote Heart2Heart services through media outlets. We get requests from the media about our organization and the people and pets who have benefited from our grants. You can decide if you'd like to share your pet's story and how much information about yourself and your pet to provide. But it is you, our grant recipient, who can best illustrate our mission and help Heart2Heart secure new funding resources and reach other pet owners in need.

I understand that Heart2Heart Pet Lifeline, Inc. assumes no liability and makes no assurances as to the appropriateness, quality or outcome of any medical diagnoses, treatments, products or services and hereby waive any and all claims for liability against Heart2Heart Pet Lifeline Inc. I understand any documentation or pictures given to Heart2Heart Pet Lifeline, Inc. cannot be returned. I certify that the information given by me in this application is true and complete. I further understand that any falsified information that I provide will terminate the reviewing process immediately. I hereby authorize release/disclosure of records and/or other information concerning the above inquiries, including but not limited to veterinarian records.

Heart2Heart Pet Lifeline, Inc. reserves the right to refuse any application. We ask that you allow us to include any, all or part of your story and picture of your pet in our newsletter, website, Facebook, etc. (The story will not include your real name) By signing below I understand and agree to Heart2Heart terms and conditions. By signing this application, you agree, under the penalty of perjury, to the above contract, and confirm that all information provided is the truth to the best of your knowledge.

Signature: _____ Date: _____

ALL required fields must be completed or your application will not be considered. Heart2Heart does not retain any sensitive or confidential information.

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