



Heart2Heart Pet Lifeline Application

Staff use only

Approved: _____

Date: _____

Copay: _____

Name : First _____ Last _____

Address: Street _____

City _____ State _____ Zip Code _____

Phone # _____

Email _____

Date of birth _____

Income Eligibility (please check all that apply): SSI Wisconsin Works (W2)
 Unemployment BadgerCare FoodShare Temporary Assistance to
Needy Families (TANF) Food Distribution Program on Indian Reservations

If not participating in one of the above programs, what is your source of income:

SS _____ Other (please specify) _____

Number of dependents _____

Pet's name _____ Pet's age _____

Male _____ Female _____

Type of animal/breed _____

Spayed/Neutered Yes _____ No _____

Name and Phone number of veterinarian or boarding service _____

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

Estimated cost of treatment

Reason for need of temporary boarding service

Estimated cost of boarding

Other comments (optional)

A Heart2Heart board member will call you within two weeks of completion of veterinary services to check on the condition of your pet. We will also ask you to help us promote Heart2Heart services through media outlets. We often 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.

Print Name of Applicant

How did you hear about Heart2Heart?

Date _____

Signature _____

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