



4485 SE 53rd Ave Ocala, FL 34480  
Email: savingpawsandhooves@gmail.com  
Fax #: 352-624-2783

Name of Veterinary Clinic:  
Name of Veterinarian Requesting Funds:

Date:  
Clinic Phone #:

Owner's Full Name (First, Middle, Last):  
Owner's Address (Street, City, Zip):  
Owner's Home Phone:  
Owner's Email:

Owner's Cell Phone:

Animal's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Intact: Y / N

This next section can be filled out on the form or write "See Records Included"  
History:

Physical Exam:

Differentials:

Plan:

Next set of questions are very important and honesty is required from your medical expertise:

Is the Patient in Critical Condition? Y / N

What is the patient's prognosis if money were granted to help save patient?

Under the circumstance, would this patient be better off being euthanized? Y / N (we have allocated funds for euthanasia)

Amount required to ensure patient is stable? \$ \_\_\_\_\_

Amount estimated for patient to make a full recovery? \$ \_\_\_\_\_

Amount asking for from Saving Paws & Hooves in Central Florida? \$ \_\_\_\_\_

Client is willing to write success story when funds are approved for Doctor on Case to submit with Invoice? Y / N

Doctor on Case is willing to take pictures of good quality & email to us for building awareness & sharing story? Y / N

1. 1 or more picture of client and pet (holding phone sideways)
2. 1 or more picture of you and staff saving pets life (holding phone sideways)

#### Flow of Approval:

Veterinarian fills out form - Faxes or Email - Authorized individual reviews for approval based on how money allotted for that species & bank account total - Individual calls Doctor on case to let them know approved or not - Doctor on case applies that discount to clients bill - Doctor on case must send invoice within 10 days of approval - SPAH cuts check for agreed dollar amount to Doctor on Case's clinic ONLY if Success Story & the pictures have been received - story will be used for promotional purposes

By signing this form you indicate all data above is true & both parties are ethically responsible to comply to the agreement:

Veterinarian Signature:

Owner Signature: