**Mitzvah Fund Application**

802-461-3277 Fax 802-229-1911

PO BOX 56 East Montpelier, VT 05651

[themitzvahfund1818@gmail.com](mailto:themitzvahfund1818@gmail.com) www.themitzvahfundvt.org

*The Mitzvah Fund provides NON-EMERGENCY care for animals in need. The fund is only used to assist low-income seniors (age 55+), low-income veterans, disabled first responders, and unhoused people’s animals that are working through a Vermont agency. The fund has a sliding fee scale.*

*To determine if you qualify, please provide us with the following complete information.*

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regular Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Estimated Age: \_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: \_\_\_\_\_\_\_\_\_Spayed or Neutered? Yes / No

Pet Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a veteran? Yes / No

Are you unhoused? Yes / No (MUST come to the Mitzvah Fund via unhoused agency like Good Samaritan Haven.)

Agency assisting you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Phone & Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Owner Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouse/Partner Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to contact at work for income verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many people are supported by this income? \_\_\_\_\_\_\_\_\_\_\_ Use the number of persons that live in the same household and share income, food, & rent. That number should include you, your spouse, and any dependents.

|  |  |  |  |
| --- | --- | --- | --- |
| **ALL Sources of Income** | **Monthly Amount** | **Sources of Income** | **Monthly Amount** |
| **Wages & Salary Job 1** |  | **Disability** |  |
| **Wages & Salary Job 2** |  | **Support from Family** |  |
| **Unemployment** |  | **VA Benefits** |  |
| **Self-Employment** |  | **Alimony** |  |
| **Social Security / SSI** |  | **Pension** |  |
| **Public Assistance / Food Stamps** |  | **Capital Gains** |  |
| **Interest & Dividends** |  | **Other (Specify):** |  |

* With this application, please include a copy of a photo ID. Also include one of the following: (2) paystub copies, a copy of a Social Security Income Statement and any public assistance documents.
* You MUST have the above paperwork if you want to be considered for financial assistance BEFORE your initial appointment. Your financial information will be kept completely confidential.

\*\*\*\*\*\*\*The Mitzvah Fund can only assist with one pet per household per year. \*\*\*\*\*\*\*\*

Please tell us about your animal in need and what you have attempted to do for them thus far:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please tell us any additional information regarding this animal or your current situation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list all of your other animals, ages, breeds and any information you would like to share about them:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The Mitzvah Fund is a 501 C3 nonprofit organization. We are solely funded by private donations and grants. We provide thorough, compassionate, and exceptional care for every animal we assist. Applicants that are not approved will be notified by phone or email, and whenever possible we will try to make something work for your animal in need. We sometimes are scheduling weeks out and truly try to take care of your animal as soon as possible once the application process is complete.

* We will always be respectful, and we ask that you do the same. Disrespectful behavior to any Mitzvah Fund volunteer, board member or employee can result in immediate suspension of veterinary care. **\_\_\_\_\_\_\_\_ Initial**
* Due to high demand and limited availability for services, only one cancelation/reschedule is allowed. We have a zero tolerance policy for “no-shows” and our working relationship will be terminated immediately. \_\_\_\_\_\_\_\_\_ **Initial**

# Please Initial here if you give us permission to use your animals’ pictures and anonymous stories on the Mitzvah Fund’s social media or website. **\_\_\_\_\_\_\_\_\_\_ Initial**

**To the best of my knowledge, the information given is true and correct. I give The Mitzvah Fund, Inc. permission to verify information about my financial status. I understand this information must be provided PRIOR to the initial visit to qualify for a sliding fee discount; if I do not provide proof of income, I will be responsible for the full fee of the visit.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Pet Owner/Guarantor Printed name) Today’s Date**

**Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**