



Aid Application

Name: _____

Address: _____

Phone: _____

Email: _____

Pet Name: _____

Pet Age: _____

Veterinary Hospital (who will perform procedure): _____

Veterinarian working with you (in case we have medical questions) _____

Phone where this Veterinarian can be reached: _____

1. Please describe the needs of your pet:

2. Please attach a prepared estimate from the veterinary facility that will perform the needed procedure(s).

3. Apply for Care Credit at <https://www.carecredit.com/apply/> and attach the approval or denial letter. If you are approved, we will still consider your request.

4. If you were approved for Care Credit in an amount that would cover the anticipated costs, please explain your situation and why support from Mainely Pets Foundation would be helpful for you and your pet.

Please send your completed application along with requested attachments to Mainelypetsfoundation@gmail.com.

E-mail: Mainelypetsfoundation@gmail.com

174 U.S. Route One, Falmouth, ME 04105