



Top Dog Foundation ... the Sanctuary Bentley Grant Individual Application

Step One – Do you qualify to apply?

Your application will be considered for a Bentley Grant from Top Dog Foundation if the following apply:

- Your dog has not received treatment yet.
- You have applied for Care Credit (if your veterinarian accepts Care Credit) and have been denied for the entire estimated amount needed.
- Your veterinarian is unable to create a payment plan for the entire amount needed.
- You do not need financial aid for routine care such as vaccines, heartworm preventative, nail clippings, routine office visits, etc.
- If your dog is not spayed or neutered, you agree to have he/she spayed or neutered (on a case by case basis).
- Your dog is not undergoing elective surgery. (Elective surgery being defined as surgery that is not essential to correct a condition that is not life-threatening and not causing physical pain)
- You are willing to provide Top Dog Foundation with proof of income or other documentation that may be required.
- Your veterinarian is willing to accept payment by check from Top Dog Foundation *after* your dog has been treated and an *itemized bill* has been sent to Top Dog Foundation.
- Your veterinarian does not require a deposit from Top Dog Foundation.
- You and your veterinarian agree to a second opinion from a veterinarian of Top Dog Foundation's choice.

Step Two – Have you applied for Care Credit (if your veterinarian accepts Care Credit)

(Note: Top Dog Foundation has no affiliation with Care Credit)

If your veterinarian accepts Care Credit, you are required to apply for Care Credit before requesting financial aid from Top Dog Foundation. You can usually apply from your veterinarian facility, or you can apply online directly from the Care Credit web site, www.carecredit.com. You will need to provide Top Dog Foundation with proof that you have applied for Care Credit, if your veterinarian accepts it. Be sure to have a copy of your letter of approval or denial. If your veterinarian does not accept Care Credit, there is no need to apply for Care Credit and proceed to step three.





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Step Three – Application/Copies of Documentation

Please complete the following form and attach any documents requested (incomplete forms will not be processed).

Guardian's First Name:		Guardian's Last Name:	
Address:			
City:		State:	Zip:
Phone Number:		Email Address:	
Dog's Name:		Dog's Breed:	Dog's Age (best guess):
Dog's Diagnosis:			
How did you hear about the Bentley Grant program?			
Number of adults in your household?		Number of dogs in your household?	
Employment Income (Combined gross income of all adults in household, verification needed – copies of the two most recent paycheck stubs from all sources of employment.): \$			
Please check all that apply to your household and provide documentation to verify.			
Income Tax forms – copy of last year's for all household members receiving income			
Unemployment Income		W-2 Income	
Social Security Income		Disability Income	
Retirement Pension		Food Stamps	
Worker's Compensation		Child Support	
Help from Family/Friends (per month)		Other assistance	





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Step Four – Veterinarian Information and Estimate

(Please print and give to your veterinarian to fill out and fax or mail in)

Your client is in the process of applying for a grant from Top Dog Foundation for non-routine veterinary care. All funds are paid by check to the hospital/clinic performing the treatment. Checks are sent to the hospital/clinic upon receipt and review of the final invoice from the hospital/clinic that provided the treatment. Top Dog Foundation will be unable to cover the costs for the following: charges not shown in the written estimate, charges incurred prior to the applicants approval by Top Dog Foundation, advance deposits and charges for routine wellness care such as vaccinations, nail clippings, etc. – except for spay and neuter. Before your client can submit an application please fill out the form below and attach an estimate for treatment.

Hospital or Clinic Name:		
Address:		
City:	State:	Zip:
Veterinarian's Name:		License Number:
Phone:	Fax:	Email Address:
Client's Name:		Dog's Name:
Dog's Breed:		Dog's Age (best guess):
Dog's Diagnosis (please attach all diagnostic procedure paperwork):		
Dog's Prognosis:		
In your professional opinion how soon should the dog receive treatment?		
Is the dog spayed or neutered? Yes / No (If not please include that cost into your attached estimate. If the dog's condition does not allow for spay or neuter, please indicate on estimate.)		
Does your office accept Care Credit? Yes / No		
Is the hospital/clinic willing to work with Top Dog Foundation's payment policies (above)? Yes / No		

In addition to the above form, attach an estimate for treatment on your letterhead including:

1. A complete breakdown of treatment and costs including follow up care.
2. Please include any comments you might have.

Any questions please contact Top Dog Foundation at 952-353-2122; fax all documents to 952-472-8149, or mail:

Top Dog Foundation, Bentley Grant Program
5120 Vega Avenue
New Germany, MN 55367





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Step Five – Fax or mail all materials to the Top Dog Foundation, Attn: Bentley Grant

Should you have any questions please contact Top Dog Foundation at 952-353-2122. Please fax all documents to Top Dog Foundation at 952-472-8149, or mail it to:

Top Dog Foundation
Attn: Bentley Grant
5120 Vega Avenue
New Germany, MN 55367

