



Top Dog Foundation Bentley Veterinary Care Grant Program

Individual Application

Step One – Do you qualify?

Step Two – Application/Copies of Documentation

Step Three – Veterinarian Information and Estimate

Step Four – Email, Fax or Mail All Documentation to Top Dog Foundation

Step One – Do you qualify?

Your application will be considered for a Top Dog Foundation Bentley Veterinary Care Grant if you meet the following requirements:

- The dog is age 10 and older (age 8 for giant breeds).
- The dog has not already received the treatment for which you are requesting funds.
- You are not applying for financial aid for routine care such as spay/neuter, vaccines, heartworm preventative, dental cleanings, routine office visits, etc.
- The treating veterinarian is willing to accept payment by check from Top Dog Foundation after the dog has been treated and an itemized bill has been sent to Top Dog Foundation.
- The veterinarian does not require a deposit from Top Dog Foundation.
- You are willing to provide Top Dog Foundation with proof of documents that may be required.
- The dog is not receiving elective surgery. (Elective surgery is defined as follows: Surgery that is not essential, particularly surgery to correct a condition that is not life-threatening and not causing physical pain; surgery that is not required for survival or relief from pain.)
- You and the veterinarian allow Top Dog Foundation to receive a second opinion from a veterinarian of Top Dog Foundation's choice, if we choose to do so.

Please Note:

WE DIRECTLY PAY THE VETERINARIAN. NO EXCEPTIONS.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

FUNDS ARE RESERVED FOR SENIOR DOGS.





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Step Two – Application/Copies of Documentation

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

First Name:		Last Name:	
Address:			
City:		State:	Zip:
Primary Phone Number:		Fax Number:	
Secondary Phone Number:		Email Address:	
Dog's Name:	Dog's Breed:		Dog's Age (best guess):
Briefly describe the dog's health history			
Prior care you have paid for			
How many adults are in your household? _____			
How many children (under 18 years) are in your household? _____			
What is the annual income of the household? \$ _____			
Circumstances keeping you from being able to afford this dog's treatment			
Have you reached your limit for or been denied Care Credit? _____ (Attach documentation.)			
Which of the following will you provide as proof of income?			
_____ A copy of most recent pay stub(s) for all adults		_____ Unemployment benefits letter	
_____ SSI/SSDI benefits letter		_____ W-2 or 1099 from employer	
_____ Proof of Federal or State assistance		_____ Most recent year tax return	
Which of the following apply to you as an applicant?			
_____ Unemployed		_____ 65 or over	
_____ Disabled		_____ None of these apply	



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Step Three – Veterinarian Information and Estimate

(Please print and give to your veterinarian to fill out and email or fax to Top Dog Foundation)

_____ is applying for a Top Dog Foundation Veterinary Care Grant for non-routine veterinary care. Funds will be provided up to a cap of \$500. 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 a faxed invoice from the hospital/clinic after treatment has been provided. 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 applicant's approval by Top Dog Foundation; advance deposits and charges for routine wellness care such as vaccinations, nail clippings, etc. Your information is necessary for us to review any application for funding. 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:
Owner'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		
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. 3. Questions? Contact Top Dog Foundation at 612-276-2334. 4. Fax all documents to 952-474-8149 or scan and email to admin@topdogfoundation.org



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Step Four – Email, fax or mail all materials to the Top Dog Foundation Veterinary Care Grant Program

Include this sheet with your signature verifying that all information is correct to the best of your knowledge.

Signed _____ Date _____

Should you have any questions please contact the Top Dog Foundation at 952-276-2334. Please email scanned documents to admin@topdogfoundation.org, or fax all documents to Top Dog Foundation at 952-472-8149, or mail to:

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

