

Hope's Chest, Inc.: Veterinary Medical Fund Application for Non-Profit Animal Rescues

This form will need to be completed and reviewed/accepted by Hope's Chest, Inc.'s Board of Directors. Only 501(c)(3) animal rescue organizations may apply for financial assistance from Hope's Chest.

Your organization will be contacted by email after the submitted application is received. Once your application is approved by our Board of Directors, the details of our ability to assist your organization will be determined.

Assistance levels will be established based on need and availability of our funds. Hope's Chest, Inc. is also a 501(c)(3) organization, and we depend on our own fundraisers, donations/memorials, etc. to provide for this veterinary medical fund. Our ability to fund your rescue's needs will be determined by our level of available resources.

Our mission statement is as follows: "Hope's Chest, Inc. is a non-profit organization in Cleveland County, NC, dedicated to operating as a veterinary medical fund supporting board-approved local animal rescue groups. Our mission is to provide financial assistance for essential veterinary care, enhancing the efforts of these rescues to save the lives of injured or sick homeless animals."

We want to be able to work directly with our board approved rescues to help reduce the burden of veterinary costs associated with more advanced veterinary medical or surgical treatments.

Please fill out the information below. You must include a copy of your 501(c)(3) IRS Tax-Exempt status document with your application. If necessary, we may require other documentation, including veterinary references and a list of your active board of directors.

Organization Information:

Name of Organization: _____

EIN: _____ Year of incorporation? _____

Physical or Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Organization's Phone Number: _____

Email address: _____

Name of Primary Contact for Organization: _____

Phone Number of Primary Contact: _____

Secondary Contact (if applicable): _____

Phone Number of Secondary Contact: _____

What is your organization's Mission Statement:

Where do you primarily get the animals in your care? _____

Does your organization have a shelter/facility where animals are housed? YES or NO
If the location of your facility is not listed above as your Physical Address, please submit the address of your facility. We may need to visit it before we accept your application.

Do you currently have a foster care program? YES or NO
What percent of animals in your care currently reside in Foster Care? _____

Does your organization have a Board of Directors? YES or NO
If yes, please submit a list of your current board members along with their phone number or email.

Do you have a Charitable Solicitation License for your state? YES or NO
If yes, what is your license #: _____. Please include a copy with application.

Are you willing to submit financial documents, if requested? YES or NO

Does your organization have a Director/Officer liability insurance policy? YES or NO

Information Regarding Your Current Veterinary Care:

Veterinarian/Hospital Name: _____

Street (or Mailing) Address: _____

City: _____ State: _____ Zip Code: _____

Hospital Phone Number: _____

Email address: _____

Website: _____

We ask for your current veterinarian/veterinary hospital in order to call them as a reference for your organization. If you choose not to use our hospital, Hope Animal Hospital, for

medical/surgical treatment and are requesting veterinary assistance to help cover a medical/surgical cost with another veterinarian/hospital, then any approved assistance payment will be directed to the Veterinary Hospital where services were rendered.

If your application is approved, we will discuss in detail the protocol for submitting payment to your personal veterinarian.

Does your organization have a credit card/debit card? YES or NO

If receiving veterinary services with Hope Animal Hospital, and you have an outstanding balance after assistance credit from Hope's Chest is applied, are you willing for your organization's credit card information to be stored in order to obtain payment for the outstanding balance once services are rendered? YES or NO

Current Veterinary Expenses:

The information gathered in this section is used to determine approximate needs for your organization. Every animal rescue group has different focuses, so we are interested in finding out what areas you have more financial burden(s).

How much did your organization spend last year on veterinary expenses? _____

What has your average monthly veterinary expense been over the past 6 months? _____

Do you regularly fund more complex medical or surgical treatments? YES or NO
If yes? Give examples of cases you have paid for in the past year and money spent with each case.

Do you provide HW treatment (Immiticide therapy) for heartworm positive dogs? YES or NO

Does your organization have need for emergency medical care or funding? YES or NO

If possible, could you breakdown (by %) what areas your money is spent on veterinary expenses?

Thank you for the time you have given to this application. Please submit it, along with the other requested documentation, to hopeschestinc@gmail.com. Our Application Committee will review the application and contact the references provided. If additional information is needed, we will reach out to the primary contact person listed on your application.

Our organization is volunteer based. We will do our best to review your application promptly. Once approved, we will then contact you to discuss more specifics on how we may be able to help offset some of your veterinary expenses. There may be times where we are only able to provide a percentage of the total cost. As mentioned before in the introduction, we also receive money through donations and fundraisers. If our funds become limited, we will let you know so that you are aware of our limitations.

****Disclaimer:**

Hope's Chest, Inc. and Hope Animal Hospital follow guidelines set forth by the NC Veterinary Medical Association (NCVMA). A prescription medication can only be dispensed if a Veterinarian-Client-Patient Relationship (VCPR) is in place. Physical examinations must be performed before treatment/medications can be done/dispensed. Any advice on pet care/treatment must be done with a current VCPR. If veterinary care is given by the rescue's primary veterinarian, then that VCPR has been formed between your organization/animal and that veterinarian. Doctors with Hope Animal Hospital will not be able to provide any medications or advice without establishing a VCPR by performing a physical exam on that patient and establishing a medical record.

Unfortunately, this also means that we are unable to use/dispense/accept donated medications that are labeled for another pet. Regulations created by the NCVMA and prescribing laws set forth by NC's pharmacy board, state that once prescription medications are prescribed to a patient, they can not be re-dispensed by a licensed doctor.

References: We require three references, not including your primary veterinarian, to be included in the application. Please fill out the information below.

Name of Person/Organization	Phone Number and Email Address
1. _____ Name of Contact Person	_____ Phone Number
_____ Name of Organization	_____ Email Address
2. _____ Name of Contact Person	_____ Phone Number
_____ Name of Organization	_____ Email Address
3. _____ Name of Contact Person	_____ Phone Number
_____ Name of Organization	_____ Email Address