

The Oscar Assistance Fund

Application for Assistance

Please complete the form entirely and email to AdoptPreciousPaws@gmail.com or call 814-671-9827 or 972-281-9857 for more immediate assistance. Incomplete or unsigned applications will be returned unprocessed.

Eligibility:

- The Oscar Assistance Fund is for urgent care needs, such as accidents, sudden illness, and diseases with a good prognosis for treatment.
- The OAF requires permission to speak with your veterinarian and will discuss their treatment recommendations and long term prognosis before making a decision. Committee decision is final.
- Assistance is open to owned animals, as well law enforcement agencies and county response team rescues within Venango County.
- Assessment will be made on an individual case basis. We, unfortunately, cannot approve all cases due to limited funding. Elective and cosmetic procedures will not be covered.
- Unfortunately, we cannot approve cancer treatments due to the high cost and low success rate in animals.
- The Oscar Assistance Fund is not for routine medical charges such as vaccinations, wellness exams, spay neuter or age-related conditions that would be considered a normal part of pet ownership or aging.
- Applicants must have applied for Care Credit financing and show approval or rejection for such credit. We ask that the fund be used in cases of true emergencies and all other means of funding have been exhausted.
- Payments will only be made to a licensed veterinary clinic. We do not pay past due bills if the owner has made payment arrangements directly with the veterinarian.
- In some cases, we may require that the animal be surrendered to a more appropriate environment, but this will be discussed with the owner prior to any decision. It is always our desire to keep animals in a safe, loving family environment wherever possible.

- If your animal is unaltered and requires surgery, you agree that Precious Paws will spay or neuter your animal while under anesthesia, as the vet deems appropriate.

Your Name: _____ Relationship to Animal: _____

Address, City, State and Zip: _____

Telephone/Cell Phone: _____

Email Address: _____

Type of Animal: _____ Dog _____ Cat _____ Other (indicate)

Name of Animal: _____ Age: _____

Is your animal Spayed or Neutered: _____ Has your animal received veterinary care in the past: _____

Date and description of injury or illness: _____

Name of treating veterinarian: _____

Clinic Address and Phone: _____

Clinic Email and/or Website: _____

According to your veterinarian, will the animal likely require euthanasia without treatment: _____

Estimated Cost of Treatment: _____

Amount Request from the Oscar Fund: _____

Please explain the circumstances that prevent you from paying for the treatment: _____

Have you applied for Care Credit, or applied/received funding from other sources (please describe): _____

How did you hear about the Oscar Assistance Fund: _____

Do you consent to Precious Paws Animal Rescue using images, stories, and other information in your case for fund raising and awareness campaigns without being compensated? _____

Will you provide photographs, treatment plans, status updates and information to us on the animal upon request? _____

Do you agree to permit Precious Paws to have reasonable access to your animal? _____

Do you give permission to your vet/care team to discuss your animal's health and condition with Precious Paws? _____

Do you agree to contact us prior to selling/rehoming or euthanizing this animal and agree not to euthanize unless the vet determines it is medically necessary? _____

Please attach any photographs, estimates, treatment plans, police reports, and any information pertinent to your animal that will aid in processing your application for assistance.

The Oscar Assistance Fund reserves the right to refuse any application without cause. There is no appeal process once a decision has been made in your case. Funds are provided on the basis of need and financial resources available. By signing below, you accept the terms and conditions and provide consent as indicated above.

Signature of Applicant: _____ Date: _____

For Precious Paws use only: Date Received: _____ Interview Conducted: _____ Vet Clinic: _____ Amount Approved: _____ Disposition: _____
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