



Please complete the following information. All applicants must also send a letter from their licensed vet describing your pet's condition, their recommendation for surgery or other remedies and an estimate for the recommended treatment/surgery. When funds are available, the board of directors will review and determine which applicants will receive grants and the amount. You will be contacted, but all funds will go directly to the vet or practice performing the treatment/surgery. Please also provide a picture of your pet. In filling out this application you are authorizing Hip Dysplasia Funding to publish your story and the picture provided on our website and any other publications. Hip Dysplasia Funding will not use or publish any personal information besides your name and your pets story.

**Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Rescue or Shelter: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Female/Male: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Where did you get him/her? \_\_\_\_\_

Your pet's story (attach additional page(s) if needed): \_\_\_\_\_

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**Treating Veterinarian Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Is this your primary vet? \_\_\_\_\_ Estimated Costs: \_\_\_\_\_

**Income Information (rescues/shelters provide most recent balance sheet)**

Your annual income: \_\_\_\_\_ Spouse's Annual Income: \_\_\_\_\_

Other income: \_\_\_\_\_

**Expense Information (rescues/shelters provide most recent balance sheet)**

Mortgage/Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_

Medical/Dental: \_\_\_\_\_ Transportation: \_\_\_\_\_

Child Care: \_\_\_\_\_ Insurance: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

**Loan Information (include car loans, student loans and credit cards)**

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

By signing below you agree that all statements above are correct to the best of your knowledge. You are also giving Hip Dysplasia Funding permission to contact your treating veterinarian and obtain information regarding your pet and their medical condition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form, vet's letter & estimate, and your pet's picture to:  
Hip Dysplasia Funding, Sara Martinez, 14209 S. Hemingway Cir., Plainfield, IL 60544  
or [info@hipdysplasiafunding.org](mailto:info@hipdysplasiafunding.org).