

# VETERINARY VALOR FUND: APPLICATION FOR SUPPORT



TEXAS A&M UNIVERSITY  
Veterinary Medical  
Teaching Hospital

[vethospital.tamu.edu/veterans](http://vethospital.tamu.edu/veterans)

To apply for financial assistance from the Veterinary Valor Fund, please complete this form. If this is a hard copy, please give it to hospital receptionist. If this is an electronic copy, please email it using the **Email** button above. *\*Denotes required fields.*

Last Name\*                      First Name\*                      Middle Initial      Date\* (mm/dd/yyyy)

Address\*                                      City\*                                      State\*                                      Zip Code\*

Phone Number\*                                      Email Address\*

Pet's Name\*                                      Species\*                                      Breed

Describe your pet's condition\*

Is your pet a registered service animal?\*                                      Yes                                      No

Can you provide proof of service registration?                                      Yes                                      No

If you're selected to receive assistance, are you able to pay a portion of the deposit?\*                                      Yes                                      No

If you're selected to receive assistance, may the hospital and the college use your pet's story and photograph in communications, marketing, and social media efforts?\*                                      Yes                                      No

---

**How did you hear about the Veterinary Valor Fund assistance program?**

*(If someone referred you to our assistance program, please include their full name, their relationship to you, their phone number or email, and their company [if applicable].)*

**Has one of your pet's been seen at our hospital previously?**

*(Please include the pet's name, the approximate dates of service, and the main clinician's name from your previous hospital experiences.)*

---

**U.S. MILITARY / MILITARY RESERVE  
VETERAN**

Branch of Service

Date Service Began *(mm/dd/yyyy)*

Date of Discharge *(mm/dd/yyyy)*

Rank at Discharge

Type of Discharge

If discharge was other than honorable, please explain.

---

**CURRENT / VETERAN  
EMERGENCY RESPONDER**

Type of Response

Name of Response Agency

Date Service Began *(mm/dd/yyyy)*

Date Service Ended *(mm/dd/yyyy)*

Title or Rank at End of Service

---

*By signing my name below, I certify that the pet listed is owned by me and that my answers are true and complete to the best of my knowledge. If this application leads to approval of assistance for my pet, I understand that false or misleading information on my application may result in my release from the program.*

**Signature** *(If electronic, type name.)\**

---