



THE ROACH FAMILY STUDENT COMMUNITY OUTREACH SURGICAL PROGRAM: APPLICATION FOR SUPPORT

To apply for financial assistance from the The Roach Family Fund—Student Community Outreach Surgical Program, please complete this form. If this is a hard copy, please give it to a hospital receptionist. If this is an electronic copy, please email it using the **Email** button above.

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

Address* City* State* Zip Code*

If you don't have a permanent address, please write "None" in each blank.

Phone Number* Email Address*

Pet's Name* Pet's Age* Pet's Species* Pet's Breed

Has your pet been seen by a veterinarian for this condition?* Yes No

Name of Veterinarian* Name and/or City/Town of Veterinary Clinic*

Describe your pet's condition.*

How did you hear about The Roach Family Fund – Student Community Outreach Surgical 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.)

Describe the impact the needed surgery would have on you and your pet.*

Please list the name of the county in which you reside.*

Are you able to make provide two (2) forms of identification (such as photo ID, utility bill, etc.)?*

Yes No

Are you willing and able to provide transportation and recommended follow-up care for your pet?*

Yes No

Are you able to make a financial contribution towards the cost of care for your pet?*

Yes No

Do you understand that by participating in this program, your pet's surgery will be performed by a veterinarian-in-training, under the careful supervision of an experienced clinician?*

Yes No

Do you certify that you are eligible for this program based on the client eligibility criteria listed on the website?* *(Please bring documentation of eligibility.)*

Yes No

May the hospital and college use your pet's story and photographs in communications, marketing, and social media efforts?*

Yes No

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.)**
