



# Companions in Crisis

FETCH a Cure earmarks a portion of its funds to provide financial assistance for the cancer treatment and care of affected companions whose families are unable to financially provide for their pet. FETCH a Cure's Companions in Crisis Medical Advisory Board has established specific applicant criteria for the allocation of funds. Each applicant must fill out a Companions in Crisis application in order to be considered for financial aid.

## Application Checklist for Owner

### Personal Information

Statement of Income, Assets, and Liabilities (IRS Forms must be included)

### Medical Information

**Volunteer Commitment:** Please complete the checklist regarding volunteer opportunities and provide a description of how you plan on volunteering and "giving back" to FETCH so others can benefit from the CIC program.

A brief story about your pet and his/her diagnosis along with 2-3 pictures of your pet. Email pictures to [laura@fetchacure.org](mailto:laura@fetchacure.org).

Please Fax completed form and all pertinent documents to  
(540) 329-9085

or

Email: [laura@fetchacure.org](mailto:laura@fetchacure.org)

### **Companions in Crisis Application**

**Request for Financial Assistance**

**FETCH a Cure**

5711 Staples Mill Road, Suite 300

Richmond, Virginia 23228

**\*Disclaimer:** In order to be considered for approval, applicants must be residents of [Virginia, Maryland or D.C.](#) and the pet in need must have a [confirmed diagnosis of cancer](#) prior to FETCH a Cure's receipt of this application.\*

Personal Information:

Animal's Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Male/ Female: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Do you share living expenses with anyone else? \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone:

\_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_ Employer Information:

Employer #1:\* \_\_\_\_\_

Position: \_\_\_\_\_ Length

of Time with company: \_\_\_\_\_

Employer # 1 Address: \_\_\_\_\_

Employer #1 Phone Number: \_\_\_\_\_

Employer #2: (Spouse) \_\_\_\_\_

Position: \_\_\_\_\_ Length of Time

with company: \_\_\_\_\_

Employer #2 Address: \_\_\_\_\_

Employer #2 Phone Number: \_\_\_\_\_

***\*Please list any additional employment information on a separate sheet and attach to this application. Statement of Income, Assets, and Liabilities***

CONFIDENTIAL INFORMATION  
(For the use of FETCH a Cure only)

*\*\*Previous Year's IRS Return must be provided.*

*\*\* Totals must reflect combined sources of income if applicable.*

Income Sources Monthly Income

Salary \$ \_\_\_\_\_

Bonuses/ Commissions \$ \_\_\_\_\_

Real Estate Income \$ \_\_\_\_\_

Child Support/ Alimony \$ \_\_\_\_\_

Additional Forms of Income

1. \$ \_\_\_\_\_

2. \$ \_\_\_\_\_

3. \$ \_\_\_\_\_

Total Monthly Income: \$ \_\_\_\_\_

Personal Statement of Income and Financial Status of All Adults in Household

Assets Liabilities (Monthly Bills)

Checking Account: \$ \_\_\_\_\_ Mortgage Payment/Rent: \$ \_\_\_\_\_ Savings Account:

\$ \_\_\_\_\_ Other Bills/Loans: \$ \_\_\_\_\_

Real Estate: \$ \_\_\_\_\_ Credit Cards: \$ \_\_\_\_\_ (Avg. Monthly Balance)

Home Value: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Automobiles: \$ \_\_\_\_\_ Insurance(s):

\$ \_\_\_\_\_

Personal Property: \$ \_\_\_\_\_ Car Payment: \$ \_\_\_\_\_ Additional Assets: \$ \_\_\_\_\_  
Other Bills/Liabilities: \$ \_\_\_\_\_ (College tuition, additional vet bills, etc.)

Total Assets: \$ \_\_\_\_\_ Total Liabilities: \$ \_\_\_\_\_ **MEDICAL INFORMATION**

Primary Veterinarian: \_\_\_\_\_

Hospital/ Clinic Address: \_\_\_\_\_

Hospital/ Clinic Phone Number: \_\_\_\_\_

Do you currently have a pet health insurance plan? Does it contain the cancer rider?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will financial assistance be used? Please be as specific as possible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you applied for Care Credit or Scratchpay? \_\_\_\_\_ Were you approved? \_\_\_\_\_

If yes, for how much and what is your current balance and limit? \_\_\_\_\_

If approved, the Companions in Crisis grant will cover up to 40% of the cost of treatment. How do you plan to pay for the remaining treatment expenses?

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Does your employer have a matching charitable contribution program?

### Volunteer Commitment

FETCH a Cure is largely fueled by our volunteers. In order to continue funding our Companions in Crisis program, volunteer participation is vital. After reviewing the list of volunteer opportunities below, please indicate which you would be most interested in by placing a check in the corresponding column. CIC recipients will also receive more specific information about dates and times of these opportunities through email one to two times per month. There is space at the bottom of the page to elaborate on other ways you'd like to volunteer with FETCH a Cure as well.

Weekend Opportunities	
	Set up and help run <b>FETCH Fest</b> , which will be held on a <b>Sunday, April 12</b> at Hardywood Park Craft Brewery - West Creek in Richmond, VA. This is a large event and tasks range from helping at registration, setting up activities like the dog zone or kids zone, and cleaning up the event. All CIC recipients are also expected to create a fundraising page leading up to the event to help raise money for future Companions in Crisis grant recipients.
	Set up and help run the <b>Steel Dog Golf Tournament</b> at Magnolia Green Golf Course in Moseley, VA on <b>Friday, September 11</b> . Volunteers register attendees as they arrive, distribute lunches and golfer gifts, help run activations on the course explaining them to participants and taking payment information, and assist with dinner and awards in the clubhouse.
	<b>Continuing Education Seminar</b> for Veterinary Professionals at the University of Richmond in Richmond, VA on <b>Sunday, October 4</b> . Volunteers register attendees as they arrive, help get the tables and folders ready, and distribute certificates at the end of the event.
	Working the <b>Pets on Parade Benefit</b> and Auction. This is our largest event of the year and occurs on <b>Friday, November 6</b> at Main Street Station in Richmond, VA. Volunteers are needed to help with check-in/check-out, food and bar service, scribes and spotters during the live auction, etc.
	Volunteer with our Pixie's Pen Pals rescue program. Opportunities include transporting supplies and dogs, fostering dogs, and handling dogs at adoption events.

	Volunteer at community events. Typically FETCH attends community events in Northern Virginia and Richmond. Volunteer roles include table and tent set-up and break-down, selling merchandise and taking payment information, educating attendees on FETCH's mission, and supporting any veterinary partners attending events with FETCH.
<b>Weekday Opportunities</b>	
	Help gather donations for various events. Volunteers would distribute ask letters prepared by FETCH a Cure staff and visit businesses and ask for donations for silent auctions, event prizes, etc. This is a great task for someone with a lot of connections in their area.
	Making deliveries to our sponsors of marketing materials or special campaigns like Holiday Bone Treats.
	Set-up and break-down for Pets on Parade at Main Street Station. Lifting tables and chairs, unloading event supplies, etc. This will be <b>Thursday, November 5 and Friday, November 6.</b>
	Transporting steel pups from the FETCH office in Richmond to the artist, or picking up from the artist and bringing it to the FETCH office in Richmond. This is ongoing.

	Support the FETCH staff by helping in the office. These dates are ongoing throughout the year as we prepare for events or campaigns and range from preparing mailings to event goodie bags. Staff aim to share specific days/times for these opportunities at least two weeks in advance in a volunteer eBlast.
	Transporting Pixie's Pen Pals dogs (ex: from the correctional facility to veterinary appointments or to our office).
<b>Flexible/Remote Opportunities</b>	
<i>*These opportunities will be more self-guided and would largely be up to the volunteer to plan. Materials and guidelines are available. While we understand that there are extenuating circumstances for some, we encourage all grant recipients to <b>choose at least one in person</b> way of giving back to FETCH a Cure in addition to any remote opportunities.*</i>	
	Work with a business in your area to host a giveback night or fundraiser.
	Create a list of veterinary clinics, oncology clinics, groomers, doggy daycares, and other pet-related businesses in your area and go to them to distribute FETCH a Cure materials and tell the businesses about our organization and mission.
	Participate in virtual Pet Cancer Support Group on the third Thursday of the month via Zoom.
	Data entry, helping to compile spreadsheets of businesses we work with, calling businesses to see if they need refills of FETCH materials.

I am happy to help whenever and wherever I am needed!
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**Use the space below to indicate any other ideas you have for ways that you could volunteer for FETCH: In agreeing to sign the Companions in Crisis application, and in return for any financial assistance awarded by FETCH a Cure, I commit to the following requirements:**

- During FETCH a Cure’s FETCH Fest fundraising campaign, I will create and promote a personal fundraising page to raise funds for FETCH a Cure’s Companions in Crisis Fund.
- I am granting FETCH a Cure consent to allow myself and/or my pet to be named and/or photographed in support of the FETCH a Cure’s Companions in Crisis program and for use in promotional materials. • I will email updated photographs along with written updates bi-monthly to [laura@fetchacure.org](mailto:laura@fetchacure.org) regarding the health of my animal.

**I also accept the following:**

- Financial assistance will be given at the discretion of FETCH a Cure. FETCH a Cure reserves the right to deny applications with or without grounds and based on the availability of funds.
- If awarded financial assistance, all monies will be paid directly to the treating hospital or clinic. The schedule of financial assistance payments will be determined by FETCH a Cure on a case-by-case basis. Upon the receipt of a bill sent by the treating hospital or clinic to FETCH a Cure, it must be accompanied by an updated letter or veterinary records.
- If financial assistance is approved, FETCH a Cure will only be responsible for a portion of the total treatment cost. The applicant’s owner will be responsible for the remaining treatment costs incurred. • FETCH a Cure must always be kept up to date on the treatment plan. Any and all changes made to the plan must be communicated **in writing** to FETCH a Cure. The award by FETCH a Cure of financial assistance is not a recommendation or endorsement of any particular veterinarian, clinic, or treatment protocol.
- The financial assistance awarded is solely for treatment and FETCH a Cure will not be responsible for any complications incurred as a result of the treatment.
- If the pet should pass away before the approved financial assistance is fully used, all remaining funds must be relinquished back to FETCH a Cure.
- FETCH a Cure and Board members will assume no responsibility for long-term or short-term effects from treatment based on veterinary misconduct, neglect, or malpractice.
- FETCH a Cure deems the right to require additional testing as necessary for the complete assessment of the applicant.

I verify that all information in the Companions in Crisis application has been freely and truthfully given in order to advance this financial request.

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

**This application will not be considered until the form is complete, signed and all necessary supporting documents have been received by our Programs Manager at [laura@fetchacure.org](mailto:laura@fetchacure.org).**

**Please use the bottom and back of this page to tell us your pet's story and the story of their diagnosis OR email their story to [laura@fetchacure.org](mailto:laura@fetchacure.org).**



# Companions in Crisis

FETCH a Cure earmarks a portion of its funds to provide financial assistance for the cancer treatment and care of affected companions whose families are unable to financially provide for their pet that has a confirmed diagnosis of cancer. With the aid of FETCH a Cure's Companions in Crisis Medical Advisory Board, specific applicant criteria have been established for the allocation of funds. As part of the Companions in Crisis program each applicant must apply for and fill out an application in order to be considered for financial aid.

## **Application Checklist for Veterinarian**

An estimate of total cost associated with the recommended and alternative treatment plans

CBC, Chemistry profile and pathology reports (cytology and/or histopathology), if applicable to the diagnosis

Radiograph, ultrasound, CT and/or MRI reports and other laboratory reports (i.e., urinalysis, bone marrow aspirate, flow cytometry, PARR, etc.)

Please email completed form and all pertinent documents to

**[laura@fetchacure.org](mailto:laura@fetchacure.org)** or

fax to (540)329-9085

**Treatment Plan**

***\*This portion of the application may ONLY be completed by the treating veterinarian.***

**Please fill in this form as specifically as possible. The following information is *required to be submitted with the application*:**

*\*\*An estimate of total cost associated with the recommended and alternative treatment plans,*

*\*\*CBC, Chemistry profile and pathology reports (cytology and/or histopathology), if applicable to the diagnosis,*

*\*\*Radiograph, ultrasound, CT and/or MRI reports and other laboratory reports (i.e., urinalysis, bone marrow aspirate, flow cytometry, PARR, etc.)*

**The required information *MUST* be received along with the application, or the application *will not be considered* for review by the members of the Companions in Crisis committee.**

**Treating Veterinarian:** \_\_\_\_\_

**Veterinary Hospital/Clinic:**

\_\_\_\_\_ **Hospital/Clinic Address:**

\_\_\_\_\_ **Hospital/Clinic Phone**

**Number:** \_\_\_\_\_

**Date of Diagnosis:**

\_\_\_\_\_ **Confirmed**

**Diagnosis:**

**Stage/Prognosis: (required)**

**Recommended Treatment Plan+ Cost Estimate *\*\*Please include the estimated cost for 6 months of treatment\*\** :**

**Alternative Treatment Options:**

**Consent Form**

Treating Veterinarian:

"In agreeing to sign the Companions in Crisis application, I am verifying that, to the best of my knowledge, the information that I have supplied is accurate and up to date regarding the diagnosis and prognosis of the named pet. I confirm the detailed recommendations stated in this application."

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

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

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