



The Animal
Medical Fund
FOUNDATION

Your Generosity. Their Hope.

Theanimalmedicalfundfoundation.com

care@theanimalmedicalfundfoundation.com
theanimalmedicalfundfoundation@gmail.com

Medical Necessity Statement

Please describe why the services provided were **medically necessary and emergent**, including potential outcomes if treatment had been delayed or denied.

Services Provided or Proposed:

List the emergency services rendered or required. Examples include diagnostics, surgery, hospitalization, medications, or specialty care.

Service Description	Date(s)	Estimated or Actual Cost
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Total Amount Requested: \$

Client Financial Hardship Attestation

The undersigned veterinarian attests that:

- The client has demonstrated a financial hardship that limits their ability to pay for emergency veterinary care.
 - The requested grant funds will be applied **solely** to eligible veterinary medical expenses.
 - No portion of the funds will be provided directly to the client as cash or used for non-medical purposes.
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Use of Grant Funds (501(c)(3) Compliance)

Grant funds, if awarded, will be used exclusively for:

- Emergency veterinary medical services
- Direct patient care costs
- Medically necessary diagnostics, treatments, or procedures

Funds will **not** be used for:

- Routine or elective procedures
 - Cosmetic treatments
 - Non-medical expenses
 - Personal benefit of staff or clinic owners
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Tax & Compliance Acknowledgment

The applicant acknowledges that:

- Grant funds are provided by a 501(c)(3) charitable organization.
 - Funds must be used in accordance with IRS regulations governing charitable grants.
 - Records, invoices, and medical notes will be maintained and made available upon request.
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Veterinarian Certification

I certify that the information provided in this request is true and accurate to the best of my knowledge and that the requested funds will be used in compliance with all applicable laws and charitable guidelines.

Veterinarian Name:

Signature:

Date:

Optional Attachments

- Itemized invoice or estimate
 - Medical records or treatment notes
 - Proof of emergency presentation (if applicable)
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This request is intended solely for charitable evaluation and does not guarantee funding.

Please Fill Out all Forms and submit:

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Phone: 708-724-6691