

**Rhode Island Veterinary Medical Association Companion Animal Foundation  
Request for Veterinary Medical Assistance**

Please complete this form in full. Submission does not guarantee that you will be eligible for veterinary medical assistance from the RIVMA Companion Animal Foundation. Your pet must live with you and your legal residence must be in Rhode Island to qualify.

Please print:

Your name \_\_\_\_\_ Today's date \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Telephone number (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-mail \_\_\_\_\_

Your pet's name \_\_\_\_\_

Species (circle one): Dog    Cat    Bird    Ferret    Other:  
\_\_\_\_\_

Pet's age \_\_\_\_\_

Length of time you have owned your pet \_\_\_\_\_

Name of clinic/hospital where treatment will be provided:  
\_\_\_\_\_

Name of your regular veterinarian:  
\_\_\_\_\_

Your financial information:

Are you currently employed?     Yes     No

Do you currently receive (check all that apply):

- Medicaid
- RiteCare
- food stamps
- subsidized child care
- subsidized housing
- WIC
- Family Independence Program
- SSI
- heating assistance

Is your annual household income, for one person, more than \$9,310?     Yes  
\_\_\_\_\_ No

I certify that all answers to these questions are true and complete to the best of my knowledge. I will provide documentation to verify my financial information if requested and I understand that if my financial information is misrepresented I am liable for full repayment to the RIVMA Companion Animal Foundation of any assistance funds received.

\_\_\_\_\_  
Signature of applicant