



RIVMA Companion Animal Foundation

Application for Veterinary Medical Assistance

The Applicant must complete Section 1 in full and submit the form to the Veterinarian or Clinic who must complete Section 2 and fax the complete application to CAF. Submission does not guarantee that the Applicant will be eligible for veterinary medical assistance from the RIVMA Companion Animal Foundation. The Applicant and the pet must live in Rhode Island to qualify.

Please Print

SECTION 1: THE APPLICANT

Your name: _____ Today's date: _____

Address: _____ Apt. #: _____

City _____ State _____ Zip Code: _____

Telephone number (home): _____ (cellular): _____

E-mail: _____

Your pet's name: _____

Species (circle one): Dog Cat Bird Ferret Other: _____

Age of Pet: _____ Length of time you have owned your pet: _____

Name of your regular veterinarian: _____

Name of Clinic/Hospital where treatment will be provided: _____

Income Eligibility Information:

Do you currently receive (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Rite Care | <input type="checkbox"/> Family Independence Program/Welfare |
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Subsidized child care | <input type="checkbox"/> TDI |
| <input type="checkbox"/> Heating Assistance | <input type="checkbox"/> Subsidized housing |

Are you currently employed? Yes No

Number of persons in your household: _____ What is your annual household income? _____

For one person household, is your income more than \$15,900? Yes No

Optional (For Statistical Data Only)

Are you Hispanic/Latino/of Spanish origin or descent? Yes No

Please select your Race: White Black or African American Asian

Native Hawaiian or Other Pacific Islander American Indian, Alaskan Native Don't Know

Age of Pet Owner: _____

I certify that all answers to these questions are true and complete to the best of my knowledge 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: _____

(more)

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