



The following is the BooTiki Application for grant approval. Missing information may lead to your application being denied without further process. Incomplete applications will not be evaluated.

Basic criteria your pet must meet:

- Have had an exam by a vet in the past month.
- Be in good standing with your current veterinarian.
- Be current on all vaccinations.
- Be owned by the applicant (we do not fund foster pets or pets that have not been released by pet rescues).
- Have a diagnosis and plan for treatment from your vet.
- Have a reasonable chance for full recovery stated by the vet making the diagnosis.
- Have a covered diagnosis (For example, we do not fund cancer related treatment or routine care like dental cleanings and vaccines).
- Have an estimate for care from the vet.
- Live within our service area.

Receipt of a completed application does not guarantee grant approval. Final approval is determined by votes cast from approved BooTiki Fund board members.

We require the following to evaluate the application:

- A Copy of income for all members of the household. Examples include pay stubs, Social Security or Disability payments, pensions, annuities, IRA or 401k payments. Include whatever income you include in your federal income taxes. (We do not want your actual income tax documents.)
- If anyone in the household is over age 59.5, we require disclosure of IRA, Roth IRAs or 401K balances.
- The denial letter or email from any pet specific credit card system like Care Credit or Wells Fargo's specialty credit card.

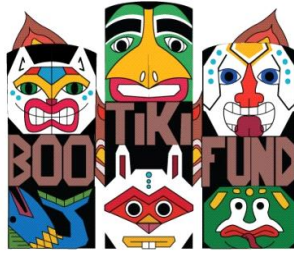
<https://www.carecredit.com/apply/>

[https://retailservices.wellsfargo.com/wfha\\_veterinarians.html](https://retailservices.wellsfargo.com/wfha_veterinarians.html)

- A written plan from the vet that will treat the illness and the cost estimate for the treatment (attach to application)

**PLEASE NOTE:** Missing information will result in a delay or rejection of the application. We try to process applications within 5 business days. Should this be an Emergency Case please inform the Director at submission and we will do our best to process the application within 24 hours.

Email for questions and application submission  
[bootikifund@comcast.net](mailto:bootikifund@comcast.net)



## The Boo Tiki Fund

“Our mission is simple. Our compassion is real. We aid pets in need.”

### Application for Assistance

Name of Owner: \_\_\_\_\_

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

City/ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of people in household including children: \_\_\_\_\_

Number of people earning a wage or have income in household: \_\_\_\_\_

Amount of grant being requested: \_\_\_\_\_

### Tell us about your finances

- Total household income:  
\_\_\_\_\_
- Total amount of household savings not in a retirement account:  
\_\_\_\_\_
- Total amount of savings in all retirement funds\*:  
\_\_\_\_\_

\*This is applicable for anyone with a member of the household over 59.5 years of age. This is the cut off from the IRS allowing withdrawals from retirement funds without penalties. If everyone in your household is younger, this is not required. Examples of retirement funds include IRA, Roth IRA, 401K or SEP IRA.

- Have you applied for Care Credit? Yes \_\_\_ No \_\_\_

Date applied: \_\_\_/\_\_\_/\_\_\_ Approved: \_\_\_ Denied: \_\_\_

Approved amount: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Note: You must include the denial email or letter in the application.

- Have you applied for Wells Fargo Health Advantage credit card? Yes \_\_\_\_ No \_\_\_\_

Date applied: \_\_/\_\_/\_\_\_\_ Approved: \_\_\_\_ Denied: \_\_\_\_

Approved amount: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Note: You must include the denial email or letter in the application.

- What other ways have you tried to raise funds?

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### Tell us about your pet

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex (M/F/S/N): \_\_\_\_\_ Color: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Referring Hospital Address: \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Diagnosis (attach to application if needed)

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Referring vet's evaluation of likely outcome if recommended treatment is followed:

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## Final Steps

ALL APPLICATIONS MUST INCLUDE CURRENT PROOF OF INCOME for the entire household which could include the some or all of the following:

Pay stub, Social Security, IRA \*, 401K \*, Roth IRAs\*, SEP IRAs\*, Pension payments, unemployment, disability, or any other type of savings, income or funds.

Failure to include all required documents will result in the delay of the review of your application or the denial of your application.

By accepting this donation you also agree to the following:

\*Supply a Photo of Your Pet

\*Include a Brief Biography about Your Pet

I attest that all information I have provided in this form is accurate and complete. I give consent for all the above mentioned care at the treating doctor's discretion. I fully understand that should I be approved for a grant this in no way causes The Boo Tiki Fund to assume any liability for my pet and does not ensure outcome of any treatment provided. I understand that any photographs or documented care may be used for purposes of promotion and fundraising.

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

## Checklist of things to include:

- Confirm you are in our service area of New Jersey, Philadelphia, and eastern Philadelphia suburbs.
- Confirm the treatment is covered. We do not fund routine care like dental cleaning and vaccinations or illnesses with a poor likely outcome like cancer or kidney failure.
- Vet records including the plan for treatment and the estimate for the treatment
- Statement from vet of likely outcome if treatment plan is followed
- Income information
- Credit denial information
- Picture of pet
- Completed application

Email completed application to [bootikifund@comcast.net](mailto:bootikifund@comcast.net)