



Animal Protection League of NJ
VETERINARY BILL ASSISTANCE PROGRAM
Application for Financial Assistance

Through our VBA Program, Animal Protection League of NJ (APLNJ) assists individuals with veterinary care for their companion animals. We do not cover spaying or neutering, vaccinations or regular check-ups. There are low-cost options for spay/neuter throughout the state. If you are in need of that service, please call us (732-446-6808) for a listing.

Caring for an animal will have its expenses and while there is charity care for people, there unfortunately is no such program for animals. If you are on a limited income, you will need to prepare to handle regular annual check ups and vaccinations (if needed). Putting away even a nominal amount each month in a special fund for your animal can add up and be enough to take care of a \$50 office visit and help make a dent in a tooth cleaning, for example.

Our funds are limited in this program and APLNJ generally cannot pay the entire bill. Applicants must make every effort to find other sources of funding, including but not limited to family, friends and other charitable organizations with a similar program (if you need such a list, we can provide you with one). Additionally, it is expected that you will put something toward the bill yourself, if you have not already done so.

In order to be considered for financial assistance, please fill out the following. Please be as specific as possible and fill in all fields. If not applicable, write NA. Completing this application is not a guarantee of funding.

YOUR INFORMATION

Name: _____

Address, City, State: _____

Contact: (H phone) _____ (W phone) _____

(C phone) _____ Email: _____

Are there other animals in your home? Yes: ____ No: ____ Number & Species: _____

Any other comments: _____

INFORMATION ON YOUR ANIMAL

Species: _____ Name: _____ Age: _____

Male: _____ Female: _____ Spayed/Neutered: Yes: ____ No: ____

If yes, how long ago: _____

If no, why not: _____

How long have you had this animal? _____

Where did he/she come from (for example - adopted, found as a stray, bought, etc)? _____

Does your animal live indoors or outside? _____

Do you have a carrier (if your animal is a cat)? Yes: ____ No: ____

Animal Protection League of NJ
PO Box 174 | Englishtown, NJ | 07726
732-446-6808 | www.APLNJ.org

Any other comments: _____

FINANCIAL INFORMATION

Number of people in your household? _____

Number of non-working dependents? _____

Annual household income? _____

Average monthly expenses? _____

With regards to the above financial information, please be specific as to the reason for your request for financial need: _____

How much can you put towards the bill? _____

Have you applied for Care Credit (866-893-7864 or www.CareCredit.com)? _____

What was the outcome? _____

Can you ask anyone else for assistance (friends, family)? _____

If follow-up visits are necessary, can you pay for your animal's needs? _____

Do you have means of transportation? Yes: ____ No: ____

Amount requested from APLNJ: _____

Any other comments: _____

Income documentation: Please submit a copy of any of the following: If on public assistance, a copy of your state or federal letter noting your monthly income; disability or unemployment letter, pay stub if working.

VETERINARIAN INFORMATION

Hospital: _____

Doctor: _____

Address, City, State: _____

Phone: _____

Contact Person: _____

Are you a regular client of this vet? _____

Would you be willing to go to another veterinarian, if we have one who will work with us? _____

VETERINARIAN'S ASSESSEMENT OF YOUR ANIMAL'S NEEDS

Describe in detail the condition, disease or other reason for your animal's medical need at this time. _____

Has your veterinarian provided you with a written estimate? Yes: _____ No: _____

If yes, include a copy. If no, what is the approximate cost of service? _____

Have you already spent money for your animal's care on this specific issue? Yes: _____ No: _____ If yes, how much and when did it start? _____

How did you hear about our program: _____

Your signature: _____ Today's Date: _____

Be sure the application is filled out in its entirety and that all attachments have been included.

You may return the application and attachments by any of the following ways:

Email address: info@aplNJ.org

Fax: 732-446-0227

Mailing address: APLNJ, VBA Program, PO Box 174, Englishtown, NJ 07726