

**ROSE'S FUND FOR ANIMALS
FUNDING APPLICATION AND AGREEMENT**

Name of Pet Owner or Good Samaritan: _____

Street Address: _____

Town: _____ State: _____ Zip Code _____

Home Phone :() _____ Cell Phone :() _____

Email Address: _____

Name, Address, Phone Number of Veterinarian _____

Description of Diagnosis, Medical Treatment, Symptoms or Injury:

Estimated Cost of Treatment: \$ _____

I have exhausted my resources and there is a balance of \$ _____

I am asking for a loan of \$ _____ **which I will be able to pay back at**
\$ _____ **per month**

*** All applications must be sent with a carecredit approval showing the amount or the denial.**

I am the legal owner of _____ **(pet's name) he/she is a**
Cat Dog Ferret Rabbit Other _____

Breed _____ **Age** _____

I am a Good Samaritan who is assuming financial responsibility
of _____ **(name given)**

I attest that the information I have provided to Rose's Fund for Animals is accurate and complete. I give my consent for the above mentioned medical care. I understand that Rose's Fund for Animals assumes no liability and makes no assurances as to the appropriateness, quality or outcome of any medical diagnosis, treatment, products or services. I consent to allow Rose's Fund for Animals the use of any pictures, and description of medical care for the purposes of promotion and fundraising.

Signature _____ **Date:** _____

Contact: Felecia Bernstein –Phone: 877-505-4234
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