



Frantz L. Dantzler

friends for life fund, inc.

ASSISTANCE APPLICATION

thank you for your application to help clients meet their pets' veterinary needs.

Please review The Frantz Fund guidelines for qualified services. Clients must be able to document their hardship (see below). The client agrees to pay 10 percent of the customary charge for services. The clinic will discount the customary charge for services by 30 percent and The Frantz Fund will pay the balance of 60 percent. The limit per pet of the Frantz Fund's 60 percent obligation (with a limit of two pets per client) is \$200 per calendar year.

Date ____/____/____

VETERINARY INFORMATION

Clinic Name _____

Contact Name _____ Title _____

Office Number (____) _____ Fax Number (____) _____

CLIENT INFORMATION

First Name _____ Last Name _____

Address/City/Zip _____

Phone Number (____) _____ E-mail _____

Service(s) to be provided _____

DOCUMENTED FINANCIAL HARDSHIP (check all that apply)

____ Food Stamps; ____ Unemployment Insurance; ____ Supplemental Security Income

____ Temporary Assistance for Needy Families; ____ Medicaid

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