



**► OWNER INFORMATION**

Name	Phone Number
Address	
Email Address	

**► CANINE INFORMATION**

Name	Age	Breed(s)
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**► VETERINARIAN INFORMATION**

Primary Veterinarian	Primary Veterinarian Phone Number
Primary Veterinarian Address	

Were diagnostic tests performed here (labs, scans, etc.)? YES      NO  
*If so, what tests were completed?*

Was a referral completed for oncology services to another treatment facility? YES      NO  
*If so, please provide the name of the treatment facility and address and any additional information you have.*



## Veterinary Assistance Application

### ► ADDITIONAL INFO

Are you able to assist with any portion of treatment costs for your pet? YES NO

Have you applied to other organizations for assistance? YES NO

*If so, what additional organizations have you applied to?*

### ► LIST OF ASSURANCES

I certify that I understand the following assurances as part of the application process and that sponsorship is contingent on these requirements:

- 1) I understand that Beauregard's Army of Angels cannot provide cancer treatment in full for my dog, but may help with payment only as resources allow.
- 2) I understand that treatment for my dog is primarily my responsibility as the owner and that Beauregard's Army of Angels is not liable for any responsibilities regarding my pet.
- 3) I understand that any accounts regarding the care of my pet will be placed in my name as the owner. Accounts may not be put in the name of Beauregard's Army of Angels.
- 4) I agree to send monthly progress reports via email to [beauregardsarmy@gmail.com](mailto:beauregardsarmy@gmail.com) and to keep the organization informed of any/all procedures regarding oncology care for my pet.
- 5) I agree to inform Beauregard's Army of Angels of any/all treatment decisions regarding my pet, including if I choose to discontinue cancer treatment for my dog.
- 6) I acknowledge by signing this form that if any of these conditions are not upheld that I relinquish my sponsorship and any future assistance will be forfeited.

### ► ADDITIONAL INFO

Are you able to assist with any portion of treatment costs for your pet? YES NO

Have you applied to other organizations for assistance? YES NO

*If so, what additional organizations have you applied to?*

**IMPORTANT: SEE FOLLOWING PAGE FOR CONSENT AND SIGNATURE**



# Veterinary Assistance Application

## ► CONSENT AND SIGNATURE

I, \_\_\_\_\_, the owner of \_\_\_\_\_, consent for Beauregard's Army of Angels to review records to be able to provide financial assistance for my pet's veterinary care.

Signature

Date

After completion of this form you must complete the Release of Information Form for both your primary veterinarian and the treating facility for oncology services (a separate form must be completed for each veterinarian or facility). After review of records, you will be contacted by a member of the Board of Directors about assistance for your pet. Please note that we cannot provide full financial assistance for your pet's treatment and that you may need to contact additional organizations to ensure your pet gets the care it needs and deserves.

## ► HOW TO RETURN THIS FORM

Complete and save this fillable PDF and email to: [beauregardsarmy@gmail.com](mailto:beauregardsarmy@gmail.com)

OR

Print and complete this form, then scan and email to: [beauregardsarmy@gmail.com](mailto:beauregardsarmy@gmail.com)

OR

Print and complete this form and mail to: Beauregard's Army of Angels  
397 Highland Circle, Marion, VA 24354