

Eligibility:

To be eligible for a Minnesota Humane Society grant, the animal for which you are seeking a grant must be yours and reside with you. Also, you must provide a Minnesota ID and participate in one of the needs-based public assistance programs listed on the grant application contained within this brochure (proof required). If you do not meet these requirements and accept a grant from the Minnesota Humane Society, you are committing fraud and may be subject to prosecution.

The Minnesota Humane Society has limited resources and occasionally a grant for assistance cannot be made even when a person qualifies. Additionally, the Minnesota Humane Society reserves the right to refuse or withdraw assistance if the applicant/recipient behaves in a way that is uncooperative, disrespectful or affects the safety of others.

Instructions:

1. Email the Minnesota Humane Society at vetgrant@mnhumane.org for a link to complete and submit an online application.
OR
2. Fax the grant application contained within this brochure to 1-651-389-9232 (since this is an e-fax, both the one and the area code must be dialed).
OR
3. Mail the grant application contained within this brochure to 475 North Cleveland Avenue, Suite 100B, St. Paul, MN 55104.



Minnesota Humane Society

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Veterinary Grant Program

Minnesotans meeting specific requirements may apply for a grant for veterinary treatment for their animal. Grants are not given for preventative care such as spay/neuter or vaccinations, but are instead for injury or illness.

Grant recipients are responsible for paying the initial \$50.00. The Minnesota Humane Society will pay the balance of the charges up to a maximum of \$1,000.00. No more than two animals per family can receive a grant annually.



The treating veterinarian is required to consult with the Minnesota Humane Society regarding the animal's diagnosis, prognosis and recommended treatment.

Treatment beyond diagnosis may not be covered depending on the prognosis and survival rate.

475 N. Cleveland Avenue, Suite 100B
St. Paul, MN 55104
Fax: 1-651-389-9232
vetgrant@mnhumane.org

Veterinary Assistance Grant Application

Applicant Information:

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Other Phone Number: _____

Email: _____

Please check all public assistance programs for which you are currently receiving benefits. Please submit proof of participating in the program(s).

- Food Stamps
- HUD Section 8 Housing
- Medical Assistance (MA, MA-EPD/Medicaid)
- UCare's Prepaid Medical Assistance Program (PMAP), MinnesotaCare, UCare Connect, Minnesota Senior Health Options (MSHO) or Minnesota Senior Care Plus (MSC+)
- Minnesota Family Investment Program (MFIP)
- Special Supplemental Nutrition Program (WIC)
- Social Security Disability (SSDI)
- Supplemental Security Income (SSI)
- Temporary Assistance For Needy Families (TANF)
- VA Disability
- Unemployment

Pet Information:

Pet's Name: _____

Species: Cat Dog

Gender: Female Intact Male Intact
 Female Spayed Male Neutered

Birthday/Age: _____

Color: _____

Breed: _____

Where did you get your pet?

- Found
- From a Friend/Relative
- From a Shelter
- From a Rescue
- From a Breeder
- From a Pet Store
- Pet Had Litter
- Craig's List/Newspaper

Name of Veterinary Clinic: _____

(Put none if you do not have a vet)

Clinic Address: _____

Clinic City, State, Zip: _____

Clinic Phone Number: _____

Is your pet current on vaccinations?

Yes No Unknown

Has your pet ever been taken to the vet? Yes No

If yes, for what reason? _____

What are your pet's current medical needs (what symptoms is your pet experiencing)? _____

Your application will not be processed or approved until a copy of a valid Minnesota ID and proof of participation in a public assistance program is received.

By signing this application, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge, and that I participate in a needs-based public assistance program. I also certify that (please check below boxes):

- I read the application and understand the questions and statements on this application.
- I understand the penalties for giving false information or breaking the rules.
- By checking this box, I authorize the Minnesota Humane Society to use my story and/or its likeness and any photographs in all of its publications, including its website, for purposes of publicizing the Minnesota Humane Society veterinary grant program, and also acknowledge that I have read, fully understand and agree to this release.

Print Name

Signature

Date