**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.

**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: _______________________________________

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 Breeder
___ From a Friend/Relative
___ From a Pet Store
___ From a Shelter
___ Pet Had Litter
___ From a Rescue
___ Craig’s List/Newspaper

Name of Veterinary Clinic: ____________________________

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 ______________________________