



HUMANE SOCIETY OF  
WESTERN MONTANA

**Nandi Wishcamper  
Senior Veterinary Assistance Fund**

## **Application**

Your application must be accompanied by the treating veterinarian's written diagnosis, prognosis and cost estimate for pet care. In addition, please provide a description of your financial situation – the reason the funds are needed (i.e., limited fixed income, insufficient income to pay for treatment, other emergency circumstances, etc.).

### **Statement of Financial Need**

Please provide all the information that you feel may be helpful regarding your current situation. If more space is needed, please attach a separate sheet of paper.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Please describe your situation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Income and Expenses:**

Mortgage/rent	\$ _____	Medical/dental	\$ _____
Food	\$ _____	Alimony	\$ _____
Transportation	\$ _____	Insurance	\$ _____
Utilities	\$ _____	Other	\$ _____
Clothing	\$ _____	Other	\$ _____

**Loan Payments:**

(such as: car loans; mortgage and credit cards)

Creditor	Loan amount	Balance outstanding	Monthly amount

**Funding resources are limited, and the Nandi Wishcamper Senior Veterinary Assistance Fund makes every effort to use limited funds in the most responsible way.**

I understand the information above and I certify that all the statements made above are true and correct.

<b>Signature:</b> _____	<b>Date:</b> _____
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Please mail the completed application and your veterinarian's written diagnosis, prognosis and cost estimate for pet care to:

<p><b>HSWM</b> <b>c/o Program Manager</b> Nandi Wishcamper Senior Veterinary Assistance Fund 5930 Highway 93 South Missoula, MT 59804</p>
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