



**Humane Society of  
Western Montana**

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## **Nandi Wishcamper Program**

### **Application**

Your application must be accompanied by the treating veterinarian's written diagnosis, prognosis and estimate. 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 numbers:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Pet's name, age, breed and color, sex, sp/n status:** \_\_\_\_\_

**Please describe your situation and your pet's condition:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Income and Expense Breakdown:**

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

**Loan payments:**

(include car loans, student loans and credit cards)

Creditor	Loan amount	Balance outstanding	Monthly amount

**Funding resources are limited, and the Nandi Wishcamper 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 estimate to:

<p><b>Humane Society of Western Montana</b>  <b>Attn: Program Manager</b>                  The Nandi Wishcamper Senior Veterinary Assistance Fund                  5930 Highway 93 South                  Missoula, MT 59804</p>
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