



### **STOP AND READ INSTRUCTIONS BEFORE APPLYING**

- **DO apply if you have passed the qualification survey.**
  - **DO apply if you provide your pet with routine veterinary care:**
    - **Vaccinations**
    - **Periodic wellness exam**
    - **Spayed or neutered if over 1 year of age**
  - **DO apply if you can provide proof of financial need.**
  - **DO apply if you have taken your pet to see a professional and have a diagnosis (what is wrong with the pet)**
  - **DO apply if your pet has received a survival prognosis of fair or better.**
  - **DO apply if you have an itemized estimate for treatment.**
  - **DO apply if, for non-life threatening orthopedic issues such as torn ligaments (ACL, CCL) hip dysplasia, etc., you have already raised at least 80% of the estimated cost.**
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- **DON'T apply if you haven't had your pet seen by a veterinarian in the last 18 months.**
  - **DON'T apply if your pet has not been seen by a veterinarian to obtain a diagnosis, prognosis, and estimate for treatment.**
  - **DON'T apply if your pet is over the age of 1 year and has not been spayed or neutered.**

- **DON'T apply if your pet has a chronic health condition that you cannot afford to treat once our assistance is exhausted. This includes diabetes, Cushing's disease, heart trouble, etc.**
- **DON'T apply if the animal is one you have recently taken in knowing you cannot provide routine, let alone emergency/major care.**
- **DON'T apply if the animal is not in your legal custody.**
- **DON'T apply if you have ever been convicted of animal abuse or neglect.**
- **DON'T apply if your pet has already been treated and you are seeking funds to pay a bill or credit card.**
- **DON'T apply if you have not already applied for Care Credit. If you have applied and been declined, you will need to submit the declination notice or confirmation number.**
- **DON'T apply if the diagnosis for survival is guarded or poor; HHF will not approve funding.**

**We do not accept applications for the following.**

- **Dental disease caused by lack of routine dental care**
- **Conditions caused due to lack of vaccinations**
- **Conditions caused by a pet not being spayed or neutered**
  - **Pregnancy and/or birth complications**
  - **Pyometra**
  - **Mammary gland tumors**
  - **Testicular or Prostate cancers**
- **Diagnostic tools:**
  - **Bloodwork**
  - **X-rays**
  - **MRI**
  - **CT scans**
  - **Other diagnostics tools.**
- **Preventative care:**
  - **Vaccinations**
  - **Wellness Exams**
  - **Spay/Neuter surgeries**
  - **Dental care**

## Assistance Application Process

1. If you are dealing with a **veterinary emergency**, it is your responsibility to get your animal to a veterinary provider and to pay to determine diagnosis and prognosis for survival. Our funding is for treatment of survivable conditions only.
2. If you are applying for **emergency foster care** you must call before submitting an application. 719-495-6083 M-F 10:00am – 5:00pm MST. If you receive the voicemail message when you call, please leave a detailed message and your call will be returned as quickly as possible. Do not complete the application until you hear from us. Foster care placement is contingent upon available space and proof that your animal is healthy and socialized. We require at least 24 hours' notice upon receipt of your application and all the required information in order to arrange for foster care.
3. Applicants must pass the qualification survey and submit a completed application and all the required documentation.
4. Applications that are not complete or are not accompanied by the required documentation will not be reviewed. **You must submit all the required documentation within 24 hours after you submit your application or your application will be declined.**
  - Online application <http://harleys-hopefoundation.org/applicationforservices.html>
  - Or Email to [services@harleys-hopefoundation.org](mailto:services@harleys-hopefoundation.org)
  - Or Fax to 719-495-5945
5. HHF's mission is to keep animals in their current homes, not make it possible for people who cannot afford pets to take animals in. If you have found a stray and know that you cannot afford routine care, let alone major/emergency care, please take that animal to a reputable animal shelter or rescue. These facilities have the resources to provide care and to re-home adoptable animals. **Please note: If you have found an ill or injured stray and decide to keep it knowing you can't provide care, that may be considered animal abuse and you may be subject to fines by animal control for not seeking help for the animal.**
6. **If you have not provided your animal with routine veterinary care in more than 18 months, we will not consider your application.** Animals require care in order to remain healthy. If one human year equals roughly 7 dog/cat years, then missing check-ups for even one year is the equivalent of you not seeing a doctor or dentist for seven years. By the time an animal shows obvious symptoms of distress or pain, it may already be too late.
7. HHF does not accept cases that could have been prevented with appropriate care. If an animal sustains an injury due to the human's neglect, hit by a car because dog not on leash or in fenced yard, animal was stepped on, or injured due to unsafe living conditions, we will not consider assistance.

8. If you do not qualify, please proceed to the Resources tab on the home page of the Website and click on the Pet Care Resource Directory. This directory includes numerous listings for other pet assistance programs.
9. If approved for assistance, you will receive no more than \$500 per animal. **No one is guaranteed \$500 – rewards vary based on number of cases pending and available resources.** If the estimate for treatment exceeds HHF's award, it is your responsibility to apply for and secure additional funding BEFORE HHF funding will be released to the service provider.
10. If approved for funding for veterinary or training assistance, the procedure or training must begin within 21 days of approval. We cannot and do not hold funding as we receive applications and inquiries on a daily basis.
11. Emergency foster care is provided for pet parents who are hospitalized or recovering from a medical procedure. We may be able to help in short-term emergencies such as out-of-state family emergencies, but can no longer assist with housing issues. If approved for emergency foster care, please note that we can only keep animals for six weeks or less. We are not equipped to provide long-term care. If we take your animal into foster care and you fail to stay in touch or reclaim your pet at the agreed upon date, HHF will surrender custody of the animal to a local shelter or rescue for rehoming. **All animals coming into emergency foster care must be current on vaccinations, in good health (some chronic health conditions may be accepted), and be well socialized. We cannot accept pets with severe separation anxiety, a history of biting or attacking, or aggression towards other animals.**
12. Clients receiving assistance from HHF will be asked to give back by volunteering time or fund raising efforts in their communities on HHF's behalf.

**\*PLEASE NOTE THAT EVEN IF YOU QUALIFY AND SUBMIT A COMPLETE APPLICATION, YOU ARE NOT GUARANTEED ASSISTANCE. HARLEY'S HOPE FOUNDATION, AND ALL SAFETY NET AGENCIES RECEIVE FAR MORE REQUESTS FOR HELP THAN FUNDING. DO NOT WAIT TO HEAR BACK FROM US BEFORE CHECKING THE PET RESOURCES DIRECTORY FOR OTHER OPTIONS AND APPLYING TO THOSE OTHER PROGRAMS.**

**Harley's Hope Foundation**  
Application for Veterinary Assistance

Complete the application in its entirety and **provide the following:**

- **Proof of financial need** (recent paystub, recent bank statement, SSI/SSDI award letter, food stamp card, other public assistance cards or award letters. Be sure to block out your Social Security Number.)
- **Veterinary notes with diagnosis.**
- **Veterinary notes with prognosis. Prognosis must be fair or better**
- **Itemized estimate**
- **Digital photo of your pet**

Applications that are not complete or are not accompanied by the required documentation will not be reviewed. **You must submit all the required documentation within 24 hours after you submit your application or your application will be declined.**

Submit your application:

- Online at <http://www.harleys-hopefoundation.org/vetassistance.html> (If you submit your application online but are unable to upload documents, you may email or fax them.)
- Or Email to [services@harleys-hopefoundation.org](mailto:services@harleys-hopefoundation.org)
- Or Fax to (719) 495-5945

<b>QUALIFICATION SURVEY</b>	Yes	No
<p><b>Do you have an established relationship with a veterinary clinic?</b> <i>All eligible clients must have a veterinarian who will confirm that their animals receive routine preventative care to show proof of responsible pet guardianship.</i></p>		
<p><b>Is this a major or emergency situation?</b> <i>HHF does not fund preventative care.</i></p>		
<p><b>Do you have a diagnosis, prognosis for survival, and detailed estimate?</b> <i>All applications must be accompanied by the veterinary professional providing this information. HHF does not pay for diagnostic tests and only animals with a fair to good prognosis for survival will be considered.</i></p>		
<p><b>Are you able to secure additional funding above what HHF may offer?</b> <i>HHF caps its assistance at \$500 per animal. Payment is made directly to the service provider. If the estimate for treatment exceeds \$500, applicant must secure additional funding before HHF will make payment.</i></p>		

**If you have answered “No” to any of the qualification survey questions, do not submit your application.**

**Do not leave any questions blank. If the question does not apply, answer “n/a”**

Client Information	
Name:	Phone Number:
Address:	City:
State:	Zip Code:
Email Address:	
Total Household income: (Include significant other/spouse's income)	Employed? ____ Yes ____ No
Name of Employer:	Hours per week:
Address of Employer:	
Are you receiving public assistance of any type? ____ Yes ____ No. What kind: Amount: Frequency:	
What is your Primary Source of income?	
How many other people live in the household?	How many are adults?
Do adults work? If not, why not?	
Do you own or rent your home? ____ Own ____ Rent	Do you own a vehicle? ____ Yes ____ No
Have you asked family/friends to help you with your pet's veterinary? ____ Yes ____ No	If yes, why can't/won't they help?
Have you or will you consider selling belongings to pay for veterinary care? ____ Yes ____ No	If no, why not?

Have you requested financial assistance from other agencies, including Care Credit, credit cards, or individuals to treat this particular issue? You must have exhausted all other options prior to applying to Harley's Hope Foundation. Please indicate to whom you have applied, the date of approval or denial and any monies received.

Individual/Organization	Date of Approval/Denial	\$ Received
Care Credit		

Pet Information		
Pet Name:	Species:	Age:
Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Breed:	Gender:
*Service Animal?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>*Based on the definition under Title II of the Americans with Disabilities Act, a service animal is a dog or miniature horse, individually trained to perform tasks related to the person's disability.</i>	
If yes, what tasks has the animal been trained to do for you?		
Describe your pet's medical issue:		
Has the animal been seen by a veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name, Address and Phone Number of Veterinarian/Veterinary Clinic:		
Date of Last Exam:	Estimated cost of treatment:	
Species and number of <b>other</b> pets in the household:		
Are all other pets spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If "No" and the animal is over one year old, you do not qualify. Do not proceed with the application. The only exception to this policy is if your veterinarian provides documentation that the animal has a medical condition that makes spaying/neuter a high risk procedure.</i>		
Are cats kept indoors: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain		

<p>Are dogs kept outside: <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please explain</p>
<p>Are dogs kept chained: <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please explain</p>
<p>Do dogs ride in back of trucks: <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please explain</p>
<p>If your pet's injury was caused by unsafe or unsecured home environment are you willing to correct the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No          If not, please explain</p> <p><i>Some things you can do:          Keep debris, sharp objects, toxic substances, pesticides out of yard          Cover electrical cords          Anchor heavy objects to wall          Secure fenced area so your pets are not allowed to roam free</i></p>
<p>Do you provide your pets with regular veterinary care? <input type="checkbox"/> Yes <input type="checkbox"/> No          If no, please explain:</p>
<p>When is the last time your pet was seen by a veterinarian for a full wellness exam?</p> <p><i>(If your pet has gone more than 18 months without seeing a veterinarian, you do not qualify. Please do not complete the application.) This is equivalent to 10 years without seeing a human doctor.</i></p>
<p>Name, address and phone number of Veterinarian/Veterinary Clinic:</p> <p><i>(Applicants must have an established relationship with a veterinarian in order to qualify for assistance. Please note we may contact your veterinarian to confirm that they have treated your animal. If you have recently moved and have not yet found a veterinarian in your new location, please list your most recent veterinarian.)</i></p>
<p>In the case of veterinary treatment/surgery, are you capable of and willing to continue caring for this animal?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain how will you will finance this continuing care if you cannot afford to pay for emergency/major treatment?</p>
<p>If you are applying for help with a chronic (ongoing) health condition, what is your plan for paying for ongoing care for your pet? Continued application to charities is not an acceptable answer as most charities will not support any one animal in need.</p>
<p>Please note that additional veterinary expenses can occur post-treatment that are not covered by HHF. These expenses may include follow-up care with your regular veterinarian, oxygen treatment, surgery, and rehabilitation. Are you prepared and willing to follow-through with the full prescribed course of treatment, <u>and agree not to euthanize your pet once treatment has begun except on the advice of the attending veterinarian?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>



If you are not able to care for your pet, are you willing to surrender said pet to another party that can provide care, including a legitimate, limited admission animal rescue? \_\_\_\_Yes \_\_\_\_No

HARLEY'S HOPE REQUIRES ALL FUNDING RECIPIENTS TO:

1. Grant permission to use your photo and your animal's photo and story in marketing and fundraising materials.
2. Consider a future monetary donation when your financial situation improves.
3. Consent to follow-up phone calls/emails from a HHF representative within 2 weeks, 6 months and 1 year post-assistance. If HHF does not hear back after two attempts to contact you, you will not be eligible for any future assistance from Harley's Hope Foundation.
4. Inform HFF if your address or phone number changes during the 12 month post-assistance period.
5. View educational pet care workshops offered through HHF's annual HOPE Series available on YouTube or HHF website.

Do you agree to all requirements? \_\_\_\_Yes \_\_\_\_No

I, \_\_\_\_\_(please print full name),\_certify that the answers on this application form are true and correct, and understand if I willingly provide false answers, Harley's Hope Foundation will take legal action to recoup the funding obtained under fraudulent means. Furthermore, I agree to release Harley's Hope Foundation and its service providers (veterinarians, trainers, and fosters) from liability should the veterinary care, emergency foster care, or behavioral training rendered prove unsuccessful or the animal becomes ill or injured while in our care.

Signature of pet's legal guardian:

Date:

## HARLEY'S HOPE FOUNDATION CLIENT VOLUNTEER OPPORTUNITIES

We encourage all clients receiving assistance from Harley's Hope Foundation to volunteer time with the organization as a way of giving back and helping us help others. Any volunteer time you can give will help us continue providing our services to the community.

Some of the activities that you may do are:

**Donor Thank You Notes** – Write a generic thank you notes to HHF donors for inclusion in tax letters.

**Testimonial** – Write a testimonial for use in marketing and fundraising materials.

**Fundraising** – set up a bake sale, pet food drive, other type of activity to help increase knowledge of Harley's Hope Foundation and to help raise funds for other animals in need. Activities can be held outside of Southern Colorado with funds mailed to HHF and photos of activities emailed for use on our Facebook page.

**Colorado Kitty Pot** (catnip) – HHF launched Colorado Kitty Pot in 2014. This social enterprise raises money through the packaging and branding of catnip and catnip products for sale to the public and to retailers. These tasks are on-going and year-round for clients in Southern Colorado. Clients who choose to volunteer in this area may do the following:

- Stuff bags – each bag is stuffed with 1 ounce of catnip, the top cleared off, weighed, then the bag zipper closed. This must be done at the HHF office in Black Forest, CO.
- Count and package finished bags – bags must be accurately counted and then packed in boxes for shipping to retailers. This must be done at the HHF office in Black Forest, CO.

**Pet Care** – come to the HHF office and walk foster dogs, visit with foster cats, groom animals, and help clean up their living area.

**Special Events** – clients are needed to volunteer at community events, usually in 4 hour increments. This task will involve communicating with the public, explaining what HHF is and does, selling fundraising items, and, possibly setting up and taking down the booth. Events are seasonal, beginning in late April through late September. This task is for clients in Southern Colorado.

**Other** - Do you have special skills or talents? Can you design flyers and posters? Do you sew? Are you a budding photographer? Are you a master baker? Do you have better than average writing skills that would allow you to help with writing grant proposals or articles for our e-newsletter? Do you know of places you can distribute HHF fliers? Stores that would like to sell Colorado Kitty Pot or merchandise? Do you know anyone in media that can help spread the story of HFF? If so, let us know!

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*I verify that I have read and understand the client volunteer agreement. Furthermore, I release Harley's Hope Foundation, its agents, staff, other volunteers, and service providers, from liability arising from injuries that may result during completion of this requirement. My printed name below signifies agreement.*

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Client's Printed Name

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Date