



The Bella Foundation  
2501 Ashley Drive  
Oklahoma City, OK 73120  
www.thebellafoundation.org  
1-866-318-PETS

# APPLICATION FOR ASSISTANCE

## GUIDELINES FOR ASSISTANCE

*PLEASE READ CAREFULLY*

1. Applicant must be referred by a veterinarian.
2. Itemized cost and type of procedure must accompany application form. The Bella Foundation will **only** provide funding in the amount of the cost stated on the itemized list of procedures.
3. The Bella Foundation will not provide funding for long term care. Most instances will be for no more than 30 days and will not provide for multiple instances of treatment or elective procedures.
4. The Bella Foundation does not reimburse cost of veterinary care if care has already been performed.
5. The Bella Foundation does not provide assistance so that an animal can be released from a veterinary clinic.
6. The Bella Foundation requires arrangements must be made to have dog/cat spayed or neutered, or animal must already be altered. Owner has 30 days to present animal for spay or neuter at an approved veterinarian or a spay/neuter clinic. Failure to do so will cause revocation of funds. After procedure is complete, documentation must be presented to regular veterinarian. If health reasons do not permit animal to be altered, special consideration may be granted.
7. The Bella Foundation requires all recipients volunteer 8 hours of their time at the Oklahoma City Animal Shelter or at their local animal shelter. Owner has 7 days to make volunteer arrangements with shelter facility. Failure to do so will cause revocation of funds. Owner is responsible for contacting shelter for necessary paperwork and specifications of volunteer expectations. If owner is unable to volunteer because of physical limitations other arrangements may be made at the discretion of The Bella Foundation.
8. The Bella Foundation limits funding to one (1) instance per twelve (12) month period beginning from date funding is provided.
9. The Bella Foundation requires submission of documentation providing amount and source of income and ID verification with application. Yearly household income cannot exceed **\$25,000.00** per year. Acceptable sources are: current pay stub, previous year W-2, or government issued assistance card. ***Please ensure all instances of social security numbers are removed.***
10. The Bella Foundation requires adequate living conditions for animal after procedure is performed, i.e.. fenced yard, dog house, food, water.
11. The Bella Foundation is not responsible for loss of pet due to any procedure performed.

# Information Page

*(Please Print Clearly with blue or blank ink)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Married or Single \_\_\_\_\_ Name of pet \_\_\_\_\_ Age \_\_\_\_ Dog or Cat \_\_\_\_\_

Date of last vaccination \_\_\_\_\_ Number of Pets in Household \_\_\_\_ Type \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Source of Income \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Referring Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Total Cost of Procedure \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

## Release and Waiver of Liability for Volunteers

I, \_\_\_\_\_ the undersigned person, hereby declare and state that I was born on \_\_\_\_\_, and am of legal age, reside at \_\_\_\_\_, and that my phone number is \_\_\_\_\_. I hereby declare and state that I desire to volunteer on behalf of The Bella Foundation, Inc. Further, I hereby freely and of my own free will and volition execute this document releasing The Bella Foundation, Inc. and any of its employees from any and all liability, claims, suits, demands, or causes of action which may arise out of or be brought against The Bella Foundation, Inc. or its employees by virtue of any of my volunteer service with/for The Bella Foundation, Inc..

By executing this document it is my intent to forever discharge, release and hold harmless The Bella Foundation, Inc. and its employees, agents or sub-contractors I am fully aware that by signing this document I am releasing the above-mentioned parties from liability that may arise as a result of intentional or negligent acts of these parties relating to any accident and/or injures and/or death that may occur during volunteer service with/for The Bella Foundation, Inc.

SIGNED on \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witness \_\_\_\_\_

*Please fax completed form and documentation to 1-866-318-7387 or email to: [info@thebellafoundation.org](mailto:info@thebellafoundation.org)  
Form and documents may be sent by mail to: The Bella Foundation, 2501 Ashley Drive, Oklahoma City, OK 73120*