



INSTRUCTION/CRITERIA FOR APPLICATION – READ BEFORE SUBMITTING YOUR APPLICATION

Before you proceed, did you review and meet the initial criteria listed in the [About](#) page where the link to this application resides? If you do not satisfy those initial requirements, your application will be not be able to be processed. In addition, we are unable to back-pay for any existing treatment that carries a balance for payment. We only can provide funding for diagnostics or treatment that has not yet been performed.

The Sergei Foundation first serves residents of North Carolina, with a focus in the Piedmont Triad area. In order to keep with our mission, funding is granted to those who have exhausted all available financial options such as being denied for Care Credit from your vet, or applicants who may be on Medicaid or other state assistance.

Although applications are typically reviewed within a few hours of receipt, there is no paid staff and a volunteer will contact you as soon as they can — typically within 24 hours. Much of this is determined by how quickly we can get a hold of your vet and how complete you application is. If this is an emergency situation (meaning the animal could die within 24 hours), send an email to info@sergeifoundation.org with “EMERGENCY” in the subject line, and provide your name and phone number where you can be reached, along with a brief explanation of the situation. We will then call you as soon as possible. If it is not deemed an emergency, you will be redirected to follow this application process.

Please know that help is limited to funds available, as we rely 100% on [fund-raising efforts](#) and donations from the community; we are not backed by any benefactor or national organization. Therefore, **we rarely cover the full cost of treatment simply because we do not have the kind of funding. Grant recipients are expected to contribute to the cost of treatment at time of vet service.** To help with that, you may also want to check out our [resources](#) page for other sick and injured animal funds that may be able to help you more quickly or provide supplemental funding opportunities. If you live in Forsyth County, North Carolina, some help may also be available from [Fur-Ever Friends](#).

PLEASE SAVE THIS FORM IN ADOBE READER AND EMAIL TO : info@sergeifoundation.org. If you do not have Adobe Acrobat Professional to enter this form electronically, please copy/paste into your email or Word document; answer each question, then email.



Application for Assistance – Please make sure all information is completely filled out.

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Alternate Phone (cell): _____

Email address: _____

How did you hear of The Sergei Foundation? _____

Financial Information:

TOTAL Household income (be willing to verify by copy of last year's taxes): _____

Number of dependents (not including yourself or spouse) that you can claim on this year's taxes: _____

Have you applied for CARE CREDIT **from your vet (NOT ONLINE)**? YES _____ NO _____

If yes, why are you still seeking assistance? (ex: Denied or Limit not high Enough): _____

Are you currently on NC state-aid? ? YES ____ NO ____

If yes, please list below:

Medicaid # (if applicable) _____

Family Pet Information:

Animal's name: _____

Dog or cat? _____ Breed: _____

Gender: _____ Pet's age: _____

How long have you had this animal in your care? _____

Your veterinary hospital (seen for this emergency): _____

Name of your veterinarian (ex: Dr. Smith) _____

Phone of veterinarian: _____

Date of last vet annual exam/vaccinations: _____

If vet for annual exam/vaccinations is different than the vet you have listed above, please provide name and phone number so we may verify the vet records for your pet: _____

Fully explain the problem with your animal and how it happened. Has he/she has already been seen a vet for this issue? And why you are seeking help from the Sergei Foundation along with necessary dates funding is needed.



Other than your vet, list 2 other references we may contact if necessary regarding your treatment of your pets:

Phone: _____

Phone: _____

Would you be willing to give back to The Sergei Foundation through helping with a fundraiser or fundraising effort within the next six months? YES _____ NO _____

The applicant's signature below authorizes that the above information is true and correct and that The Sergei Foundation may contact our veterinarian and references provided. If funds are provided, I understand they will be given directly to the veterinarian who will perform the services on our pet. In addition, the signature gives permission to The Sergei Foundation to use information and photos of our pet for promotional purposes, including but not limited to our website and public relations efforts.

Signature (Type Full Name)

Date: _____

PLEASE SAVE THIS APPLICATION FORM IN ADOBE READER AND EMAIL TO: info@sergeifoundation.org

***** If you do not have Adobe Acrobat Professional to enter this electronically, please copy/paste into your email Word document, answer each question, then email.**