


Elder Paws
Senior Dog Foundation

Pandora's Fund Application
(Critical Vet Care Assistance Program)

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Housing: _____ Rent _____ Own _____ House _____ Apartment

Number of people living in household: _____

Length of residency: _____

Monthly rent or mortgage payment amount: \$ _____

Companion Information

Name of dog: _____ Age: _____

Breed: _____

Sex: _____ Male _____ Female Spayed/Neutered: _____ Yes _____ No*

How long have you had your companion: _____

How was your companion acquired: _____

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Name of Veterinarian: _____

Phone Number for Veterinarian: _____

How long has your companion been seeing this Veterinarian: _____

Describe your companion's illness or injury: _____

Income Verification

Total household income: \$_____

Source of Income: _____

Is this your only source of income: ____ Yes ____ No

If you have additional income, please list amount and source: _____

Is income verification enclosed/attached? ____ Yes ____ No

Who referred you to Elder Paws? _____

****I fully understand that Elder Paws Senior Dog Foundation will cover vet care bills for vet appointments scheduled ONLY by their organization. I agree to pay the bill for any and all vet care performed as a result of any vet appointment scheduled personally by me as a pet owner. _____ (Initial here)**

Exclusions

To qualify for Pandora's Fund Vet Care Assistance program, the prognosis from the vet must be 55% or better. Pandora's Fund does not cover the cost of chemotherapy or radiation treatments.

Estimated cost of treatment: \$_____

(To be filled in by Elder Paws Senior Dog Foundation)

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“Pandora’s Fund” Application Disclaimer

I hereby certify that the information given by me in this application is true and accurate to the best of my knowledge. I further acknowledge that any falsified information I provide will be grounds for termination in proceeding with the processing of this application.

I hereby authorize release and disclosure of any records and other information relating to the medical condition of my companion animal, including but not limited to vet records and references by others who are familiar with my companion animal’s care and medical condition.

I acknowledge that all medical care will be provided by Elder Paws Senior Dog Foundation’s veterinarian. **I further acknowledge that I will be held responsible for payment of any & all vet services performed in vet appointments scheduled by me personally (any appointment NOT scheduled by Elder Paws Senior Dog Foundation).**

Elder Paws Senior Dog Foundation reserves the right to refuse any application. (See attached income qualification guidelines). I understand that if I do not qualify as low-income under the income qualification guidelines, I may still qualify for subsidized vet care based on a sliding scale according to my income.

By my signature below I agree to the above terms and conditions of the “Pandora’s Fund” contract and confirm that all information is true and accurate to the best of my knowledge.

Signed this _____ *day of* _____, 20_____

Owner signature: _____

Co-Owner signature: _____

Elder Paws Senior Dog Foundation:

Application taken by: _____

Signature: _____


Senior Dog Foundation

Hold Harmless Agreement

This Hold Harmless & Indemnification Agreement (“Agreement”) is enter into by & between Elder Paws Senior Dog Foundation, hereinafter referred to as “Promisee”, and _____, pet owner, hereinafter referred to as “Promisor”, on this ____ day of _____, 20____, in Fresno, California.

The intent of this agreement is to indemnify Promisee from any claims arising from and related to veterinary services rendered to Promisor’s pet by any vet recommend and/or selected by Elder Paws Senior Dog Foundation.

FOR VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, Promisor and Promisee agree as follows:

Promisor will indemnify and hold harmless Promisee, including Promisee’s agents and employees, from any and all claims, actions and judgments, including all costs of defense and attorney’s fees incurred in defending against same, arising from and related to veterinary services rendered to Promisor’s pet by any vet recommend and/or selected by Elder Paws Senior Dog Foundation. Promisor’s actions include the acts of Promisor’s agents.

In the event any claim or suit is brought against Promisee within the scope of this Agreement, Promisor shall pay for legal counsel chosen by Promisee to defend against the same.

This Agreement shall encompass claims resulting from veterinary services rendered to Promisor’s pet by any vet recommend and/or selected by Elder Paws Senior Dog Foundation.

In the event that either party files suit in a court of law to interpret or enforce the terms of this Agreement, the party prevailing in such action shall be entitled, in addition to any legal fees incurred in defending against any third party claim, to its reasonable legal fees and costs incurred in such action to interpret or to enforce the terms of this agreement.

This Hold Harmless and Indemnification Agreement is being executed and delivered in the State of California and shall be governed by, construed, and enforced in accordance with the laws of the State of California. Any dispute or other legal action concerning this Agreement, including any arbitration or litigation proceedings *shall be conducted in Fresno County, California* unless the Arbitrators identify a more suitable and agreeable venue and the Members consent to the jurisdiction and venue of any State or Federal Court located therein.

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If any provision of this Agreement is held illegal or unenforceable in a judicial proceeding, such provision shall be severed and shall be inoperative, and the remainder of this Agreement shall remain operative and binding on the Parties.

Promisor:

Print Name

Signature

Date

Promisee:

Print Name

Signature

Date

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RELEASE

I, _____, hereby agree to allow Elder Paws Senior Dog Foundation the right to use my pictures (in one of ways below) to promote and raise funds for their “Pandora’s Fund” program to help other owners and their pets in return for funding provided for critical vet care costs for my senior dog.

I acknowledge that my no personal information will be revealed in any such marketing efforts (i.e., name and age). I further understand that funding for my own application is not based on which choice I make below.

___ I agree to allow my picture along with my dog’s picture to be used to raise funds for Elder Paws.

___ I prefer to have just my dog’s picture used to raise funds for Elder Paws.

Signed this _____ *day of* _____, 20_____

Owner signature: _____

Co-Owner signature: _____

Elder Paws Senior Dog Foundation:

Application taken by: _____

Signature: _____