By signing this form, I am verifying that all forms of credit and financial aid have been exhausted for pet owner. This form states that the owner of animal in need does not have the ability to pay full cost of treatment. This also states that the treatment is not elective and is urgent.

Estimated Cost of Treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_