



Project Pawsitive:



Program to support low income individuals care for critically injured or sick animals.

Mission:

EMVS will use donations and tips received by EMVS clients to help qualified applicants afford veterinary care for critically injured or sick animals.

Eligibility:

Qualified applicants are low-income responsible pet owners and must meet the following guidelines as determined by EMVS Practice Manager.

- Applicants must verify total household income is 138% of the Federal Poverty Level.
- Applicants must first apply for CareCredit.
- Applicants must pay any portion not covered by Project Pawsitive.
- Applicants will receive services through EMVS and payment will be made directly to EMVS.
- Applicants have a critically injured or sick animal requiring veterinary care. Critical patients include (but are not limited to) animals with life or limb threatening injuries or illnesses. Routine procedures such as spays, and neuters are not covered by Project Pawsitive.
- Applicants will follow through with all post care and recheck appointments.
- Applicants will complete an application prior to services rendered. A determination is made upon completion of the application.

Project Pawsitive is 100% funded by donations and tips received by EMVS clients. Donations can be made in the form of cash, credit, or check. Donations must be made in a separate transaction from sales or services rendered to clients. Upon donation contributors can choose to be anonymous or have a Pawsitive Paw Print displayed with their name.

Make a *Pawsitive* difference, donate to Project Pawsitive!

Project Pawsitive Application

Name: _____ Date: _____

Number of people in household: _____

Gross Household Income: _____

**Verify with most recent taxes, or SNAP/Medicaid award letter*

Patient Name: _____ Species: _____

Reason for visit: _____

I agree to pay any portion not covered by Project Pawsitive. All items are true to the best of my knowledge. If approved, I agree to comply with all post visit instructions and care.

Signature: _____ Date: _____

Official Use Only: Eligibility Determination

Care Credit application date and result: _____

Income verified by: _____

Medical treatment needed: _____

Estimated cost: _____

Project Pawsitive approval amount: \$ _____

Project Pawsitive reason for denial: _____

Client responsibility: \$ _____

Household Size	Gross Income Limit
1	\$19,127
2	\$25,765
3	\$32,402
4	\$39,040
5	\$45,678
6	\$52,316
7	\$58,954
8	\$65,591