



Ginger's Legacy

Client Application Form

Mission Statement: We will prevent the financial burden of life saving medical care from ending a beloved pet's life prematurely by helping responsible pet owners meet the costs of unanticipated crucial pet treatments.

Last name _____ First name _____

Spouse or other party _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ - _____ - _____ Cell # _____ - _____ - _____

DL# _____ - _____ - _____ Email _____

Employer _____ Phone # _____ - _____ - _____

Spouse employer _____ Phone # _____ - _____ - _____

Number of people In household _____ Number of pets _____

Name of pet being treated _____

Diagnosis _____

Regular veterinarian _____ Phone # _____ - _____ - _____

Is pet spayed or neutered? Yes No

Has the pet been seen by your regular veterinarian within the past year for a wellness exam and recommended vaccinations? Yes No

Do you have proof of qualification for means-tested public assistance, such as food stamps, Medicaid, or SSDI? Yes No If so, provide documentation.

Have you applied for Care Credit? Yes No

Do you give your consent for The Cartwright Foundation for the Care and Treatment of Sick or Injured Animals to perform a credit check? Yes No

