



# Ouachita River Valley Animal League

P.O. Box 4428  
Monroe, LA 71211  
318.376.0331 fax 318.343.7818

## Financial Assistance Application

After completing the following application, please fax it, along with all other required material, to the phone number above. If you are unable to fax, please contact Erin at 318.343.4328 or Wanda at 318.376.0331.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

**\*ORVAL needs recent proof of income or other financial assistance. (This can be in the form of a check stub, unemployment benefit statement, disability benefit statement, etc.) Without proof of income we CANNOT help you.**

Name/Address of Preferred Veterinarian:

\_\_\_\_\_

Description of Medical Condition:

Name of Pet: \_\_\_\_\_

Age of Pet: \_\_\_\_\_

Type of Pet: \_\_\_\_\_

Gender of Pet: \_\_\_\_\_

I attest that the information I provided to Ouachita River Valley Animal League (ORVAL) is accurate and complete. I understand that ORVAL assumes no liability and makes no assurances as to the appropriateness, quality, or outcome of any medical diagnoses, treatments, products, and/or services. I agree that I have reviewed and understand the application process completely and will provide ORVAL with all documentation needed to process my application. I consent to ORVAL's use of any pictures provided of my pet(s) or its owner(s), as well as, description of the medical care for purposes of fundraising and promotion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date