



LULU'S ANGEL FUND MINI (\$1000) *Medical Request Application*

To expedite the evaluation and payment process for financial assistance through Lulu's Angel Fund (LAF), complete this form and send it to PACC911 either by e-mail to **penny@pacc911.org** or snail mail to: *PACC911 Lulu's Angel Fund, 10645 N. Tatum Blvd., #516, Phoenix, AZ 85028*. E-mail story and photo updates to **debbieg@pacc911.org**. (Note different email addresses for payments and stories.)

REQUIRED CASE NUMBER: _____

Date of application:

Organization name:

Organization acronym, if any:

Mailing address:

City:

State:

Zip Code:

Primary contact:

Role with organization:

Phone:

E-mail address:

Please attach a copy of the invoices related to the medical care of this request.

Name of animal:

Medical treatment required:

Describe the condition of the animal prior to treatment:

Did this animal survive?

Was follow-up treatment required? If yes, please describe:

Has the animal been adopted?

Cost of treatment:

Full cost of treatment:

Discount given to org (if any):

Net cost to org:

Once a group has been identified as the caretaker of the animal, they must have the animal treated by a veterinarian, pay the upfront costs and submit the bills immediately to PACC911 for reimbursement. LAF will cover in full all expenses for this animal up to \$1,000.00. This can include emergency and follow up care veterinary care, medicines and boarding, if needed. **Each case will be kept open for three**

months and *no longer than four months* after intake. All expenses are to be submitted for reimbursement in accordance with this guideline.