



## **JONTES SAV-A-LIFE EMERGENCY MEDICAL FUND**

***Medical Request Application***

***\$1200 maximum per calendar year 2016***

To expedite the evaluation and payment process for financial assistance through the Jontes Sav-A-Life Emergency Medical Fund (EMF), complete and send to PACC911 either by email to **penny@pacc911.org** or snail-mail to:

*PACC911 EMF, 10645 N. Tatum Blvd., #516 Phoenix, AZ 85028*

For more information about the PACC911 EMF email: **penny@pacc911.org**

**Date of application:**

**Organization name:**

**Organization acronym, if any:**

**Mailing address:**

**City:**                                      **State:**                      **Zip Code:**

**Primary contact:**                                      **Role with organization:**

**Phone:**                                      **Email 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.:**