

**P**hoenix  
**A**nimal  
**C**are  
**C**oalition  
**911**



## **PACC911 MEDICAL RELIEF PROGRAM** **Emergency Medical Fund (EMF) Application**

**MAXIMUM CAP FOR CALENDAR YEAR 2017: \$1,200**

To expedite the evaluation and payment process for financial assistance through The Emergency Medical Fund (EMF), complete and send to PACC911 either by email to: [penny@pacc911.org](mailto: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](mailto: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 pertaining to 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.:**