



Ginger's Legacy

Regular Veterinarian Information

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.

Your client, _____, has applied for financial assistance for emergency/unexpected medical treatment for their pet _____.

In order to qualify for assistance, we would appreciate your response to the following questions as the referring veterinarian:

- 1) How long has the pet been your patient? _____
- 2) Is the pet current on recommended vaccinations? Yes No
- 3) Does the pet come in for annual wellness exams? Yes No
- 4) Is this pet spayed or neutered if over 1 year of age? Yes No
- 5) Do you anticipate that this owner will comply with follow up care? Yes No
- 6) Have you determined a need for financial assistance in the past? Yes No
- 7) I agree to furnish notes relating to the treatment and/or follow-up treatment for the emergency/unexpected medical treatment for this pet to the Cartwright Foundation for the Care and Treatment of Sick or Injured Animals? Yes No

Feel free to provide any additional comments you think would be helpful on the back of this form.

Thank you.

For more information or if you have questions, please contact:
The Cartwright Foundation for the Care and Treatment of Sick or Injured Animals
5312 Piñon Dr. Elizabeth, CO 80107

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