

# Request Funds

Please fill out the form below and we will be in touch shortly

## Name

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First Name

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Last Name

## Address

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Street Address

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Street Address Line 2

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City

State / Province

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Postal / Zip Code

Country

## E-mail

## Phone Number

## Dog's Name

## Breed

## Is Your Dog Male or Female?

Male

Female

## Is Your Dog Spayed/Neutered?

Yes

No

## Approximate Age of Dog

## Estimated Cost of Procedure

## How Much Can You Contribute?

## Estimated Monthly Household Income

**Have You Applied For  
CareCredit?**

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**Please Explain Your Dog's  
Medical Condition and Needs**

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**Please Explain Your Need for  
Financial Assistance in Detail.  
Please Also Explain Your  
Monthly Budget**

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**How Did You Hear About The  
Buddy Foundation?**

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**I authorize The Buddy  
Foundation of MD to use  
photos/videos of me/my dog on  
their website and social media  
channels**

Yes

No