



VETERINARY AFTER RESCUE KARE

V.A.R.K. ASSISTANCE APPLICATION

7438 Cardwell Ave. Orangevale, CA 95662
P: (916) 989-0733 F: (916) 988-8442 www.varkinfor.org

APPLICATION INSTRUCTIONS:

- **This document can be completed online or by hand.**
- **If by hand, application information must be legible.**
- **Please complete the following information for the animal rescue non-profit organization that is submitting this application.**
- **All parts of the application are to be completed.**
- **Current copies of medical records are required to be submitted with this application. Failure to provide this information will delay a decision and response.**
- **Return this application to V.A.R.K. either by fax, email, or mail.**
- **All questions in regards to this application are to be directed to V.A.R.K. at 916-989-0733.**

This application will be reviewed, and a decision will be determined based upon V.A.R.K. Criteria and the case presented. Financial assistance, if approved, will be reimbursed to the Medical Group or Non-Profit Animal Rescue.

Disclaimer: V.A.R.K. will not be held responsible for finding temporary or permanent placement for the animal served. It is the sole responsibility of the rescue organization or volunteers to pick-up and transport the animal after all treatment is completed by the veterinary care facility. It is the responsibility of the non-profit organization to place the animal into a responsible and safe facility. V.A.R.K. does not approve of any animal being released out into a place such as a feral cat colony, park, or public facility, even if on-going feeding is being provided.



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Date of Application:	
Non-Profit Organization Information	
Organization Name:	
Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
Organization Website Address:	
Federal Tax Exempt Status & ID Number:	
Incorporation Date:	

Primary Contact for Organization:	
Contact Name (<i>First & Last</i>)	
Phone Number (<i>Including Area Code</i>):	
Alternate Number (<i>Can Be Cell Number</i>):	
Email Address:	
Your Position with the Organization:	



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Animal Information

Name of Animal:	
Date of Birth or Approximate Age:	
Species:	
Breed:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Vaccinated: Date of each vaccine given <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DHPP _____ <input type="checkbox"/> Rabies _____ <input type="checkbox"/> Bordetella _____ <input type="checkbox"/> Lepto _____ <input type="checkbox"/> FVRCP _____ <input type="checkbox"/> FELV _____
Microchip Number:	Date:
Spayed / Neutered:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Fecal with Giardia:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heartworm Test (Canines Only, 4DX Preferred)	Date:
Current De-Worm:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leukemia Test (Felines Only, FIV or FeLV/FIV):	Date:
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date:



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Copies of current medical records are required to be submitted with this application.



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Animal Information Continued

Known Pre-existing Conditions:

Current Medical Condition:

Please send all current medical records relating to current medical condition, vaccinations, lab tests, etc.

Rehabilitation Requirements (if any):

Additional Information Not Previously Included in the Above Areas:



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VAR K USE ONLY:

Current Medical Records Attached:	
Application Reviewed By:	
Date of Application Review:	
Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Application is Not Approved, Reason:	
Amount Approved:	\$
Date of Application Approval:	
Approval Signature:	
Approval Signature:	