



## Franke Fund Loan Application

**Background:** Coulee Region Humane Society has offered the Franke Fund for over 10 years. Robert & Eleanor Franke provided funds to Coulee Region Humane Society to assist people with a portion of the upfront cost for emergency vet care.

**Purpose:** The purpose for the Franke Fund loan is to help cover unexpected veterinary expenses when a pet emergency occurs. Only assists cats and dogs. **This is a loan from CRHS—must be paid back.**

- **Covers up to \$200, however client must pay veterinary clinic directly for the first \$25 of covered services prior to CRHS covering up to the awarded amount.**
- Franke Fund does not pay more than \$60 for an exam; if cost of exam exceeds \$60 client is responsible for pay the veterinary clinic directly for the difference.
- Cannot be approved for additional funds until original loan is paid off, even if the full amount was not used initially.
- Does not cover routine vet care —flea/tick, dental, grooming, vaccinations, etc.
- Does not cover euthanasia if the prognosis is not good.
- Does not cover services that have already been rendered.
- Approved funds can only be used to help cover care relating to the issue listed on the back of the application.
- Unused applications/funds expire 30 days from the date of approval.

### Repayment

What is your source of income: \_\_\_\_\_ Repayment start date: \_\_\_\_\_

How often can you make payments? \_\_\_\_\_ How much per payment? \_\_\_\_\_

**I understand I must be the owner of the pet to qualify for the Franke Fund loan. If I am not the owner and am approved for the Franke Fund, the approval is no longer valid.**

**I agree to pay this account in full in accordance with the above listed terms. I fully understand that any unpaid balance remaining after final payment date will be turned over for collection with an additional \$20.00 service charge. I understand and agree to these terms.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### How did you hear about the Franke Fund?

Friend/Family      CRHS staff member      Veterinary Clinic: \_\_\_\_\_

Other: \_\_\_\_\_

Application Continued on Back 



<input type="checkbox"/> <input checked="" type="checkbox"/> ASM	<input type="checkbox"/> <input checked="" type="checkbox"/> FF	Approved By: _____	Date: _____
Notes: _____			
<b>For CRM Only:</b>			
<input type="checkbox"/> <input type="checkbox"/> ASM	<input type="checkbox"/> <input type="checkbox"/> Added to Spreadsheet	<input type="checkbox"/> Letter Sent	

**Owner Information:**

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last : \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

DL/ID #: \_\_\_\_\_ StateDL/ID issued: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Lot#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

First and Last Name of other Adults in the home -  No other adults in home

Name: \_\_\_\_\_ - Relation to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ - Relation to applicant: \_\_\_\_\_

**Pet Information:** *Tells us about the pet that needs help.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Species/Breed: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Briefly explain why emergency care is needed:

How long has this been of concern? \_\_\_\_\_ Estimated cost from vet: \$ \_\_\_\_\_

Vet clinic you plan on taking your pet to: \_\_\_\_\_

**List all other cats/dogs in the home:**

Owned by Applicant?	Pet's Name	Breed/Species
Yes No		
Yes No		
Yes No		
Yes No		
Yes No		