



Regional Animal Services of King County

21615 64th Ave S, Kent WA 98032  
206-296-7387 (PETS) | pets@kingcounty.gov  
[www.kingcounty.gov/pets](http://www.kingcounty.gov/pets)

## RASKC Veterinary Assistance Fund

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

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

Species:  Dog  Cat Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Is your pet licensed:  Yes  No Pet License #: \_\_\_\_\_ of \_\_\_\_\_

Is your pet spayed or neutered  Yes  No

Have you applied to Care Credit  Yes  No [www.carecredit.com](http://www.carecredit.com) 1-866-893-7864

Has a veterinarian examined your pet for this illness or injury? Yes No

What veterinarian or clinic has seen your pet for this illness or injury? \_\_\_\_\_

What is the estimated cost of treatment for this illness/injury? \$ \_\_\_\_\_

Describe your pet's injury or illness; how long the animal has been sick, and the cause of the injury of the illness, if known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you do not qualify for the Veterinary Assistance Fund, what is your plan for this pet? Please explain: \_\_\_\_\_  
\_\_\_\_\_

- RASKC Veterinary Assistance Fund is limited to ONE pet per household and your lifetime. Once you use RASKC Veterinary Assistance Fund, you will NOT be able to receive assistance again.
- Veterinary treatment must begin within 14 days of application approval, or have occurred no more than 7 days before application submittal.

I verify that the above information is correct and true to the best of my knowledge. I also understand by submitting this application I may not be granted funding through this program, and that this funding is only available one time per household. Regional Animal Services of King County has my permission to use provided photographs and information for promotional and grant reporting purposes.

I have read and understand the guidelines, instructions, and requirements. I further understand that while the RASKC Veterinary Assistance Fund does its best to respond to each application, it is still my responsibility to seek medical treatment for my pet as needed.

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

Required supplementary documents:

1. Please attach a quote or receipt from a veterinarian.
2. Acknowledgement of low income status with your application.
3. Please provide a photo of the pet requiring treatment.

**Submit Application & Supplementary Documents to:** [pets@kingcounty.gov](mailto:pets@kingcounty.gov)



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### RASKC Self-Certification Form of Income Eligibility for Financial Assistance

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of Persons in Household: \_\_\_\_\_

Family Size	Income
1	\$56,200
2	\$64,200
3	\$72,250
4	\$80,250
5	\$86,700
6	\$93,100
7	\$99,550
8	\$105,950
9	\$112,350
10	\$118,750

\*\*From the U.S. Department of Housing and Urban Development

FY 2019 Low (80%) Income Limits:

<https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>

My total household income before taxes is at or below the amount in the table above.

I verify that the above information is correct and true to the best of my knowledge.

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