



## Application for Rehabilitation Services

- **Personal Information:**

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Address:

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

- **Pet information**

Pet's Name: \_\_\_\_\_

Type of pet: (circle one) Dog Cat Horse Other (describe) \_\_\_\_\_

Age: \_\_\_\_\_ Gender: (circle one) Male Female Spayed/neutered: (circle one) Yes No

Spayed/neutered: (circle one) Yes No Service animal? (circle one) Yes No

Rescue animal? (circle one) Yes No

How and when did you acquire this pet? \_\_\_\_\_

Do you own this animal? (circle one) Yes No

- **Nature of Care Needed** – Please describe the injury/illness of your pet, course of illness including surgeries and any prior rehabilitation, and any qualifying life event that has affected your ability to cover the full cost of rehabilitative services; Please also note any other circumstances that are affecting your pet's recovery (attach extra sheet if needed).

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- **Referral/consultation and documentation of veterinary care for your pet.** –Please attach an official referral from your veterinarian.
- Please sign and date your application and mail it and accompanying documents to:

The Tango Fund  
K.S. Griswold  
50 Saybrook Place  
Buffalo, NY 14209

I, the undersigned, have accurately completed this application and understand **The Tango Fund** has the right to accept or reject this application without recourse or reason. I understand that funds may not be available at the time of application. I also understand that I will be contacted if an award is to be granted. I further certify that the information given above is true.

Signed: \_\_\_\_\_

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