



Veterinarian Information

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|-------------------------|-----------------------------------------------------------------------------------------------|
| Treating Veterinarian | |
| Hospital | Phone |
| Address | |
| Client Name | Pet's Name |
| Diagnosis | |
| Prognosis Notes | Prognosis <input type="checkbox"/> greater than 70% <input type="checkbox"/> less than 70% |
| Recommended Procedure | Treatment Estimate \$ |
| Proposed Treatment Date | |

Signature _____ Date _____

I agree to a minimum \$25% discount from the usual and customary rate for treatment to be funded by this grant, if approved. I understand that Compassion Animal Project (CAP) is unable to fund any costs associated with the resuscitation and/or euthanasia of a pet. Any costs incurred that are not on the original estimate submitted and approved by CAP will be the sole responsibility of the pet owner.