



---

P.O. Box 115 • Clarklake, Michigan 49234 • barkleyandlulu@outlook.com

**Application for Financial Assistance**

Date \_\_\_\_\_

**Name of Veterinarian or  
Veterinary Hospital**

\_\_\_\_\_

**Patient Name (First and Last)**

\_\_\_\_\_

Canine or Feline? (circle one)    Male or female? (circle one)    Sterilized, yes or no? (circle one)

Breed of patient \_\_\_\_\_

Birthdate or age of patient \_\_\_\_\_

Medical  
Condition \_\_\_\_\_

This financial assistance is provided to the above veterinary hospital on behalf of the patient designated above. The assistance to each client is limited to one occasion per calendar year.

---

**For Use By The Barkley and LuLu Council for Animal Welfare only:**

Date of disbursement \_\_\_\_\_

Check number \_\_\_\_\_

Disbursement amount \$ \_\_\_\_\_