



The Sydney Fund - An Animal Wellness Foundation
P.O. Box 602 - Wyckoff, NJ 07481
sydneyfund@gmail.com
www.thesydneyfund.org

Owners Information:

Name _____

Address _____

Email _____

Phone _____

Pets Information:

Name: _____

Gender: M/F Spayed/Neutered _____ Age _____ Breed _____

This claim is related to: Accident Illness Wellness (please circle one)

Reason for treatment: _____

Attending Veterinarian: _____ at Oradell Animal Hospital

Grant Information

Amount Requested _____ (Max. amount granted is \$500.00 per claim, amount to be determined by The Sydney Fund)

**Please attach bill or estimate
(No funds will be contributed without this information)**

All amounts granted will be paid directly to Oradell Animal Hospital on your behalf.

By signing this document, it is understood that you are in need of financial assistance in taking care of your pet's emergency medical needs. That if requested by The Sydney Fund you will provide any/all necessary documentation to prove your financial need in this matter. The Sydney Fund an Animal Wellness Foundation holds no responsibility for any of the medical treatment your animal receives, or the outcome of said medical treatment. All medical decisions for your pet are your responsibility, in consultation with Oradell Animal Hospital's Veterinarians. The Sydney Fund neither advises nor determines the medical needs of your pet. We do not guarantee the outcome of any treatment provided by Oradell Animal Hospital.

Signature of Pet Owner _____ Date _____