



**HEARTWORM EXPENSE ASSISTANCE REQUEST and WAIVER**

THIS AGREEMENT is made between \_\_\_\_\_ ("Owner) and The Community Pet Project, Inc., a Florida non-profit corporation ("CPP"), and relates to the following animal ("Animal"):

Name of Animal: \_\_\_\_\_ Sex: M or F Spayed/Neutered: Y or N  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Approximate Age: \_\_\_\_\_  
Weight: \_\_\_\_\_

**Approved Veterinarian:** Heartworm treatment is available through the Humane Society of Tampa Bay, or from another Approved Veterinarian of the Owners choice.

- **Humane Society of Tampa Bay ("HSTB"):** CPP will sponsor heartworm treatment for the animal. We ask that Owner pay as much of this cost as they can, and CPP will pay the remaining cost, up to 100% of the amount. This rate does not include the cost of the recommended antibiotic – the antibiotic cost is the responsibility of the Owner unless other arrangements have been made by the owner and CPP.
- **Other Approved Veterinarian:** CPP will pay Owner’s approved veterinarian an amount agreed upon between the Owner and CPP. It is recommended you confirm the cost prior to making a choice of HSTB vs. other Approved Veterinarian.

• **Indicate Preferred Veterinarian:**

Humane Society of Tampa Bay  
- Or -

Other Approved Veterinarian (name, email and phone are required):

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

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

Phone Number: \_\_\_\_\_

**Estimated Expense:**

- Estimated Treatment Expense: \$\_\_\_\_\_ (If not using HSTB, attach veterinarian’s estimate)
- Amount Owner will pay: \$\_\_\_\_\_ (Up to \$500 per animal, per calendar



**\*\*CPP agrees to financially assist the client up to \$500 per animal, per calendar year provided it is spayed or neutered. Extenuating circumstances will be discussed on a per client basis with the Owner and CPP's medical advisors. CPP's medical advisor's decisions will be relayed to the Owner via email, text or phone call.**

CPP agrees to pay only for the above Treatment(s) performed by the Approved Veterinarian, not to exceed the Estimated Expense. Actual amount paid by CPP will be communicated via Confirmation Email to Owner and Approved Veterinarian. The veterinary bills for Treatment listed above will be paid directly by CPP to the Approved Veterinarian. Owner will promptly remit copies of all invoices to CPP for payment and/or make advance arrangements for CPP to be invoiced directly. (**Note:** Owner does not need to submit invoices for treatment provided by the Humane Society of Tampa Bay.)

Any treatments or medications not listed above will not be covered by CPP and will be the sole responsibility of the Owner.

Owner understands that CPP is not a medical provider and makes no representations or warranties, express or implied, regarding any medical care or treatment provided by the Approved Veterinarian. By his/her signature below, Owner authorizes the Approved Veterinarian to disclose any medical records or health care information related to diagnosis listed above to CPP upon request.

**"OWNER":**

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Street Address	City	State      Zip
_____	_____	_____
Telephone Number	E-Mail Address	

**"CPP":**

The Community Pet Project, Inc.

By: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_\_