

**STUDENT VETERINARY MEDICAL FUND
LOAN APPLICATION**

Name of applicant student: _____

Tech ID Number: _____

Address: _____

Phone Number: (_____) _____ - _____ Email: _____

Name of Pet: _____ Veterinary Teaching Hospital ID: _____

Species: _____ Breed: _____

Sex (Circle One): M MN F FS

Age: _____

Date(s) and type of emergency/critical care provided for pet at Veterinary Teaching Hospital:

Total amount billed to student for emergency/critical care of pet: _____

Loan amount being applied for (not to exceed 100% of total amount billed to student): _____

A copy of the bill referring to the aforementioned emergency/critical care services rendered by the VTH must be attached to this application. Applications will **not** be processed without such evidence of services rendered.