## MISSISSIPPI ANIMAL DISASTER RELIEF FUND









LEAVE BLANK-for MVMA use only			
Date received:			
Amount and	\$		
Date awarded:			
New Applicant:	Yes	No	

DISASTER RELIEF APPLICATION FORM				
Directions: Fill out the application as completely as possible. The front and back of the form must be filled out to receive consideration by the MADRF committee.				
1. DISASTER EVENT (	NAME OR TYPE, AND DATE)			
2. APPLICANT INFORM	MATION			
2a. This applicatio	on is submitted on behalf o	of a:		
Private indi	vidual Veterinarian	Business Other :		
2b. NAME (Last, fi	irst, middle)			
2c. Permanent res (Street, city, state,	sidence information , zip code)	2d. Alternate/business addre (Name, street, city, state, zip c		
2e. Name as it sho	ould appear on the check			
2f. Telephone:		2g. Telephone (alternate):		
FAX number:		FAX number:		
Cell phone:		Cell phone:		
Email:				
3a. Amount reques	TED \$	3b. Amount needed \$	3b. AMOUNT NEEDED \$	
am aware that ar penalties. I agre- result of this appl services or goods	<ul> <li>I certify that the statements ny false, fictitious, or fraudule e to accept responsibility for</li> </ul>		to criminal, civil or administrative is if a grant is awarded as a	
		issippi Animal Disaster Relief Committee ou may contact the Mississippi Veterinar		

questions at 662-323-5057 or msvetmed@gmail.com.

Please provide a short narrative explaining your personal situation in the space below. Include information related to your residence, employment, and insurance situation as applicable. Type or write legibly so the reviewers can fully appreciate your situation.			
You may attach receipts, photographs, and/or other documentation to support your request. Please note that information provided is subject to confirmation by the MADRF committee.			
Please remit application to: MS Animal Disaster Relief Fund c/o The MS Veterinary Medical Association PO Box 395 Clinton, MS 39060 662-323-5057 (phone) 877-872-3731 (fax)			
msvetmed@gmail.com			
LEAVE BLANK – for MADRF committee use only			