Acceptance Agreement

Name_____

Address_____

Phone_____Email_____

Pet's Name_____ Type _____ Age _____Sex _____

Level of Funding Received _____ Total Cost of Treatment _____

Referring Veterinarian _____ Name of Clinic _____

Please tell us your pet's story and how The Bearen Foundation was able to help. Occasionally we publish these stories in our newsletter and on our website.

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Please include a photo if possible. Photos will not be returned. You may also send color copies or email photos to bearenfoundation@hotmail.com.

In many cases, recipients have donated time, money or skills in return for funding. Please help us continue to help others. Contact us at: (541) 242-3827 or send us an email! You may also check our website for updated event information: www.bearenfoundation.org.

Signature of Recipient:_____ Date: _____

Please return this form to The Bearen Foundation, PO Box 10375, Eugene, OR 97440
Phone: 541-242-3827 Fax: 425-955-5348