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 helpingpets@bearenfoundation.org.

In many cases, recipients have donated time, money or skills in return for funding. Please help us continue to help others. Contact us via email! You may also check our website for updated information: www.bearenfoundation.org.

Signature of Recipient:_____ Date: _____

Please return this form Attn to: Megan Bendtzen, The Bearen Foundation, 145 Palm Dr, Hermosa Beach Ca 90254