

<b>MISSISSIPPI ANIMAL DISASTER RELIEF FUND</b>    	<b>LEAVE BLANK-for MVMA use only</b>	
	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 INFORMATION**

2a. This application is submitted on behalf of a:  
 Private individual    Veterinarian    Business    Other : \_\_\_\_\_

2b. NAME (Last, first, middle)

2c. Permanent residence information <i>(Street, city, state, zip code)</i>	2d. Alternate/business address where to send check <i>(Name, street, city, state, zip code)</i>
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2e. Name as it should appear on the check

2f. Telephone:	2g. Telephone (alternate):
FAX number:	FAX number:
Cell phone:	Cell phone:
Email:	

3a. AMOUNT REQUESTED \$	3b. AMOUNT NEEDED \$
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**4. APPLICANT ASSURANCE**  
 By signing below, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I agree to accept responsibility for providing any personal reports or updates if a grant is awarded as a result of this application. I also certify that payment has not been received or requested from any other source for services or goods listed for reimbursement, including insurance claims.

Signature of Person Named in 3a. ("Per" signature not acceptable)	Application Date
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You will be notified of your award by the Mississippi Animal Disaster Relief Committee no longer than 30 days of receipt of the application by the committee. You may contact the Mississippi Veterinary Medical Association with any questions at 662-323-5057 or [mvetmed@gmail.com](mailto:mvetmed@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*

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