

Veterinary Student VMTH Pet Assistance Fund Descriptions

Bramber Fund

Susan J. Ipsen wishes to establish the Bramber Fund in honor of her late spaniel Bramber. The purpose of this fund is to provide financial support to students at the School of Veterinary Medicine who are unable to afford necessary veterinary care at the Veterinary Medical Teaching Hospital for their animals.

Popcorn Fund

Judith Jackman (who passed away in 2010) established The Popcorn Fund in support of the RESPOND Program at the University of Wisconsin-Madison School of Veterinary Medicine. Monies from this fund will be used to provide financial assistance for the care of seriously ill pets whose owners are elderly, disabled, on a fixed income, are a current University of Wisconsin- Madison School of Veterinary Medicine student, or who are otherwise unable to afford necessary care.

Note: There is a condition attached to the gift from the estate that the fund be used to cover the veterinary expenses for the donor's pets so long as they live.

Current UW-Madison SVM students, years 1 through 4 are eligible to apply for Bramber and Popcorn Funds.

These funds may not be used for routine medical care of your pets.

You may not request more than \$500 per year for your pets.

When ever possible, the funds should be applied for prior to scheduled medical care.

Completed applications may be turned in to the SCAVMA office (or their black mailbox on the second floor lobby).

In the event of an emergency you are required to turn this form into SCAVMA within 72 hours of the incident in order to qualify for funds. Please E-mail SCAVMA ASAP to notify us that an emergency has occurred (scavma@vetmed.wisc.edu).

Bramber/Popcorn Fund Application

*Please note that funds cannot be used for routine medical care

Today's Date: ____/____/____

Student Name: _____

Class Year: _____

Pet's Name: _____

Species: _____

Age: _____

Sex: _____

Color: _____

Amount requested (must not exceed \$500/year) _____

Please briefly explain why you are requesting financial assistance.

Estimated Cost of Services _____

In the Event of an Emergency Only: You are required to turn this form into SCAVMA within 72 hours of the incident and email SCAVMA ASAP to notify that an emergency has occurred.

SCAVMA Authorization

Committee Member Approval Date: ____/____/____

Signature of Committee Member #1 _____

Signature of Committee Member #2 _____

Signature of Committee Member #3 _____