



OSLF Letter of Introduction

To Whom It May Concern,

You are receiving this letter of introduction because your client is in the process of applying to our foundation for financial aid in order to obtain necessary veterinary care for their companion animal.

Receipt of this letter does not imply approval of the application.

OSLF is an internet-based, all volunteer, 501(c)3 nonprofit corporation. Our Federal tax ID number is 20-2787333. Our goal is to offer financial aid for orthopedic surgeries to indigent companion animals, rescues and shelters. We also have a special fund that provides funding for service dogs' medical expenses.

Since our founding in May 2005, we have paid out in excess of \$20,000 in veterinary care in both the US and Canada. Our efforts are to see that NO animal ever has to suffer or be euthanized due to the financial challenges of their caretakers. If you will be so kind as to work with us we will accomplish that goal.

In order to proceed with our application process we will need a written estimate from you with a breakdown of the total costs involved in this case. Please include on this document your prognosis, your fax number and email address, and please state if you are willing to work out payment plans with our organization.

Once treatment is completed, and an invoice has been received, our check for payment for the amount we have pledged will be sent out, in compliance with the payment terms we will have agreed to previously. If you think it would be possible to offer a discount it will be greatly appreciated and will enable us to provide sponsorship to more companion animals and their "person" in need of our assistance.

Our goal is to make the process a smooth one for all concerned. A list of veterinarians with whom we have worked is available on our website, and you may contact any you choose. You will find our reputation to be impeccable. To view our referral list, please visit our web site at www.oslf.org/vetref.htm. We look forward to building a professional relationship with you and your staff in which this particular companion animal will be the benefactor.

To learn more about our organization, please take a few minutes to visit our web site at www.oslf.org.

We request you sign and return the following waiver form, along with proof of liability insurance. If you have any questions or concerns, or would prefer a local fax number, please feel free to call, or send an email to info@oslf.org.

Sincerely,
OSLF Board of Directors

... Orthodogs' Silver Lining Foundation ...

18402 E. 101st Place North, Owasso, OK 74055 ... fax: (703) 562-0781 ... email: info@oslf.org ... www.oslf.org



OSLF Veterinarian Waiver

Pet Name: _____

Owner/Caregiver Name: _____

In order to receive funds from Orthodogs' Silver Lining Foundation (OSLF), this agreement and waiver must be signed by the treating veterinarian(s). All recipients of OSLF funding, all applicants for OSLF funding, and all treating veterinarians working with or on behalf of OSLF, agree that the Foundation is in no way responsible for the outcome of any medical procedure funded in whole or in part by OSLF, nor is OSLF responsible for the outcome of funding being denied in whole or in part to the applicant(s).

Treating veterinarians must provide proof of liability insurance prior to a case being considered for OSLF funding, and all treating veterinarians must also agree that OSLF will not be liable for any damages or losses as a result of a case either being denied funding, or the outcome of any diagnosis or treatment funded in whole or in part by OSLF.

The Foundation and its volunteers do not make any representations or warranties, expressed or implied, regarding applications for funding or awarding of funding, and are released and not liable for any costs, damages, and expenses, including attorney fees arising from any claims, damages, or liabilities asserted by third parties arising from application for or receipt of funds from OSLF. Funding resources are limited, and OSLF makes every effort to use limited funds in the most responsible way.

OSLF does not discriminate, but reserves the right to deny funding to anyone for any reason. This is the entire contract, and no applicant for funding or treating veterinarian can modify it. This contract is not assignable. Treating veterinarians working with, or on behalf of, or seeking funds from OSLF, waive all laws in conflict with the above agreement. By undersigning this agreement I declare to understand the information above and I agree to this contract and waiver.

This waiver must be accompanied by proof of liability insurance.

Veterinarian Signature: _____ Date: _____

Treating Veterinarian Contact Information

Name of Clinic: _____

Name of Treating Veterinarian: _____

Clinic Address: _____

City: _____ State: _____ Zip/Country Code: _____

Country: _____ Telephone: _____ Fax: _____

Clinic Website URL: _____ Vet's Email Address: _____

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