

# CARE4BCS.COM

You can fill out this form on line and email it to [grants@care4bcs.com](mailto:grants@care4bcs.com)  
Or you can print the application, fill it out and fax it to 1-702-537-8430

## Funding Application

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

### Dog Information

Name of Rescue Organization: \_\_\_\_\_

Name of Rescue Dog: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_

Sex of Dog: \_\_\_\_\_ Male \_\_\_\_\_ Female

Description or Appearance of Dog:

Age of Dog: \_\_\_\_\_

Has the dog been neutered/spayed: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Yet

Circumstances surrounding why this dog came into rescue:

Do you know anything about this dog's background:

What are the foster plans for this dog:

**Medical Information**

Is this a life or death emergency: Yes No

Please provide a full description of the rescue dog's illness or injury:

Dog's current location is:

Veterinarian      Clinic      Shelter      Private Home      Other

If Other please explain

Name of treating veterinarian: \_\_\_\_\_

Name of clinic or practice: \_\_\_\_\_

Address of clinic or practice: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal / Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is the dog's medical diagnosis:

What is the recommended course of treatment:

What is the dog's prognosis:

What is the estimated cost of this treatment: \_\_\_\_\_

Was a rescue discount requested: Yes No  
If yes, will one be granted: \_\_\_\_\_

Has treatment already begun: Yes No  
If so, what date: \_\_\_\_\_

Has treatment already been completed: Yes No  
If so, what date: \_\_\_\_\_

**Funding Information**

Have you contacted any other organizations regarding this dog?  
Yes No

If yes, identify organization, give contact person's name & information, and summarize their response to your situation:

How much have you already spent on this dog's medical treatment and care since rescue:

CARE4BCS' funds are always limited, but we try to help as many border collies/border collie mixes as we can.

How much will you or your rescue group be able to contribute to this bill: \_\_\_\_\_

Please specify the amount you are requesting from CARE4BCS: \_\_\_\_\_

If you are financially unable to contribute to this dog's care, please explain:

I have read CARE4BCS' Mission Statement, Application Procedures, and Funding Guidelines and if funding is approved I agree to abide by all rules and contingencies set forth by the organization.      Yes      No

**If you have any questions or problems submitting this form, OR IF YOU DO NOT HEAR FROM US WITHIN 7 DAYS, please email us at [grants@care4bcs.com](mailto:grants@care4bcs.com) .**