

CARE4BCS.COM

Please print the application, fill out the form and either **fax it to 1-702-537-8430** or mail it to:

Anne Fredrich
Care4bcs Funding Application
W7931 Brown Rd.
Fond du Lac, WI 54937

You can also scan the completed application and email it to care4bcs@sbcglobal.net

Funding Application

Contact Information

Name:

Address:

City:

State and Zip Code:

Telephone No:

Email:

Dog Information

Name of Rescue Organization:

Name of Rescue Dog:

Sex of Dog:

Male

Female

Description of 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

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: Yes No

Has treatment already begun or been completed: Yes No

If so, what date:

Funding Information

Have you contacted any other organizations regarding this dog? If yes, identify organization, give contact person's name and 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, please email us at care4bcs@scbglobal.net .