

Briard Rescue Trust Application for Financial Aid

Directions

- One form per dog.
- Fill out sections 1 & 2 completely.
- Section 3 must be completed and signed by the Veterinarians that performed the procedures on the dog.
- Attach the original invoice. The invoice **MUST** have name of dog, microchip number of dog, breed of dog, date of procedure, procedure name and amount charged for each procedure.
- This must be submitted no later than 6 months after the procedure has been performed.
- Only those procedures listed in section 3 will be considered for reimbursement.

Section 1

Rescuer's Name _____ Date _____
Address _____
City, State, Zip Code _____
Phone Number () _____ Email Address _____
Organization
Represented _____
Address _____
City, State, Zip Code _____
Federal Tax Number _____

Section 2

Name of Dog _____

Microchip number _____ Sex _____ Color _____ Age _____

Previous history of dog: _____

Was the dog was an owner surrender? Yes No

If yes: Owner Name _____

Address _____

City, State, Zip Code _____

Was the dog found in a shelter? Yes No

If yes: Shelter Name _____

Address _____

City, State, Zip Code _____

Dog's Shelter ID _____

Comments: _____

Why was dog surrendered to you or the shelter? _____

Name of Breeder _____

What attempts were made to contact the breeder? _____

Section 3

Name of Dog _____

Microchip number _____ Sex _____ Color _____ Age _____

Please check those procedures performed.

- Initial Exam
- Spay/Neutered
- Internal Parasite Testing
- Internal Parasite Treatment
- DHLPP /Bordetella Immunization
- Rabies Immunization
- Heartworm testing
- Heartworm treatment
- Microchip and implant

I certify that I have preformed the above procedures on the Briard named above.

Veterinarian Name _____

Signature _____ Date _____

Phone Number () _____ Email address _____