## **Special Needs Funds Application** Seattle Purebred Dog Rescue

**Directions:** complete this form, attach a written estimate and prognosis of outcome from a veterinarian, and submit it to a Board Member via email or postal mail to the address below.

Breed:		Instructions:	
Breed Rep: Dog's Name:		The Special Needs Fund is for medical care expenses beyond the required routine care	
			<b>Dog's Age: Sex:</b> M / F
Amount Requested:		dogs that would not otherwise be adoptable without extra veterinary attention, such as extensive dental work or surgical procedures. It is not intended for hospice expenses.	
Describe the Dog's Medical Condition:			
		Use of Special Needs Funds must increase the dog's adoptability. In addition, the medical intervention provided with Special Needs Funds must significantly improve the quality of life or relieve suffering for the dog.	
Describe How Treatment Will Benefit the Dog and Increase Its Adoptability:		You are encouraged to use a veterinarian who provides a rescue discount. Consult with other Breed Reps for suggestions.	
		The amount requested may be for the full or partial amount of the medical expenses.	
		The Board will review the application and award funds on a case-by-case basis, taking into consideration the current balance of the Breed Fund, the Breed Rep's past fund raising history, and plans for future fundraising when determining the amount of the award. If your Breed Fund is low, you are encouraged to have a plan in place to replenish the	
Breed Representative's Signature:	Date:	balance.	