

# Application for Boston Terrier Special Needs Funds

**Applicant rescues or organizations must be a 501c3 to apply for funds to help a Boston Terrier.** The amount requested may be for the full or partial amount of the medical expenses, normally not to exceed \$500. Our Board of Directors will review all applications and award funds on a case-by-case basis.

## MEDICAL CARE

This Special Needs Fund is for medical care expenses beyond the required routine care normally covered by your organization. It is intended to be used for dogs that would not otherwise be adoptable without extra veterinary attention, such as extensive dental work, eye removal, echocardiograms or surgical procedures, etc. The use of this Special Needs funds must increase the dog's adoptability and significantly improve the quality of life or relieve suffering for the dog.

## HOSPICE CARE

This Special Needs Fund is for medical care expenses beyond the required routine care normally covered by your organization. It is intended to be used for dogs that are in hospice care that require extra veterinary attention, such as extensive dental work, eye removal, echocardiograms or surgical procedures, etc. The use of this Special Needs funds must significantly improve the quality of life or relieve suffering for the dog.

## Directions

1. **Complete this form**
2. **Attach a written estimate and a prognosis of outcome from a veterinarian (must have veterinarian contact info on estimate)**
3. **Submit it to our BTRWW Board of Directors at [vickalus@gmail.com](mailto:vickalus@gmail.com).**

**\*\*\* PLEASE PRINT CLEARLY \*\*\***

Rescue or Organization name \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_  Medical Care  Hospice Care **(Choose one)** 501c3 # \_\_\_\_\_

Contact person \_\_\_\_\_ Phone number \_\_\_\_\_

Mailing address \_\_\_\_\_

E-mail address \_\_\_\_\_

Dog's Name \_\_\_\_\_ Dog's age \_\_\_\_\_ Dog's sex M F  Spayed  Neutered

Describe the Dogs Medical Condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe How Treatment Will Benefit the Dog \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I give my permission for BTRWW representative to contact the Veterinarian of record for this dog.**

Signature of Rescue Contact Person \_\_\_\_\_ Date \_\_\_\_\_



**BTRWW is a 501c3** and we need to let our supporters know where our funds are going by means of telling your Boston's story. Please provide pictures, progress reports, and a story to post on our page.