

Application for Boston Terrier Special Needs Grant

Applicant rescues or organizations must be a 501c3 to apply for funds to help a Boston Terrier. You may request 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 OR PALLIATIVE 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 or palliative 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 invoice and a prognosis of outcome from a veterinarian**
(must include veterinarian contact info)
3. **Attach pictures, progress reports, and a story to post on our web site(s).**
4. **Submit it to our BTRWW Board of Directors at cindybtrww23@gmail.com.**

***** PLEASE PRINT CLEARLY & COMPLETE ALL INFORMATION*****

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. **Applicants must provide pictures, progress reports, and a story to post on our web site(s).**