

THE CHOW CHOW CLUB, INC. BREED WELFARE GRANT APPLICATION

Please complete a separate application for each Chow Chow. A female with a litter of puppies should be submitted together under the dam's name. Puppies should be listed on the Litter Identification Page. A Directory Application should be submitted with the Grant Application if it is not already on file or if the Directory Application needs to be updated.

Organization or Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Title: _____

Email: _____ Directory Application is: On File ☐ Included ☐

Is this a request for reimbursement of expenses? (Include itemized bills.) Yes ☐ No ☐

Is this a request for needed treatment? (Include Itemized estimate(s) from veterinarian.) Yes ☐ No ☐

Chow Chow Name (Attach Picture): _____ Microchip # _____

Sex: _____ Age: _____ Color: _____ Spayed/Neutered? Yes ☐ No ☐ Unknown ☐

Where was this Chow acquired from? Another Welfare Group ☐ AC/Shelter ☐ Owner Surrender ☐ Stray ☐

How do you fundraise? Donations ☐ Crowd Funding ☐ Raffle/Auctions ☐ Adoption Fees ☐ Other _____

Have any funds been raised for this dog? Yes ☐ No ☐ If yes, how much? _____

Amount requested \$ _____ Make Payable To: Requester ☐ Veterinarian ☐

Treating Veterinarian: _____ Medical License # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

I (We) hereby request funds to cover expenses that have not been paid for by other means for this rescued Chow. I (We) give the representative of the CCCI permission to speak with the treating veterinarian regarding the current and long-term diagnosis, recommendations and costs of any treatment including palliative care.

Signature _____ Date _____

****INCLUDE EXPENSES AND ANY OTHER INFORMATION ON THE FOLLOWING PAGE****

Date Received _____ Received by _____

Documentation: Paid Receipts ☐ Total \$ _____ Estimate(s) ☐ Total \$ _____

Approved: Yes ☐ No ☐ Amount \$ _____ Date Approved: _____ Sent to Treasurer: _____

Check payable to: _____

Check mailed to: _____ Date Mailed: _____

THE CCCI WELFARE GRANT APPLICATION – EXPENSES AND ADDITIONAL INFORMATION

Organization/Individual: _____ Chow Chow Name: _____

Please itemize expenses as to what is being claimed (inoculations, spay/neuter surgery, entropion surgery, etc.) and whether it is an expense that has been paid or an estimate from a veterinarian for treatment. All receipts for expenses for which you are requesting reimbursement must be no older than six months.

[illegible]

What is your long-term plan for this dog? _____

Is there anything additional you would like us to know about this Chow Chow, your organization or you?