



West Highland White Terrier Club of America

NATIONAL RESCUE COMMITTEE

Application for Financial Assistance

It is the goal of the West Highland White Terrier Club of America (WHWTCA) National Rescue Committee (NRC) to assist organizations and individuals with their West Highland White Terrier (Westie) rescue programs and the purebred Westies they rescue. Every effort has been made to make this application as concise as possible in order to provide sufficient information for this purpose. Please answer all the questions as completely as possible. If you need more space to answer these questions, please attach additional sheets of paper. No organization that compensates any member for anything other than out-of-pocket expenses shall be eligible for assistance under this program.

Name of Rescuer or Rescue Organization: _____

Name of Contact Person: _____

Street Address: _____

City, State, Zip Code: _____

Telephone number: _____ Time to call: _____

E-mail Address: _____

If you are affiliated with a Regional Westie Club, please state the club: _____

If you are an Independent Rescuer, are you a member of the WHWTCA? yes no

Is there a Regional Westie Club rescue program in your area? yes no

Have you contacted that club? yes no

Response from club: _____

A photo of this Westie must be submitted with this application.

Name of Rescue Westie: _____

Sex of Rescue Westie: male female Age of Rescue Westie: _____

Is the Westie Spay/Neutered? yes no If not, will it be done prior to placement? yes no

Why was this dog placed in rescue? _____

Please describe this rescue dog's background: _____

Did any money exchange hands for this dog? If so, please explain. (Use the back of the sheet if needed)

Has this dog displayed any hostility towards humans or other animals? yes no If yes, please describe:

Was this dog denied rescue by any other rescue organization? yes no

If yes, please explain reasons why: _____

Breeder and Stud Dog Owner Information

Breeder and Stud Dog Owner contacted? yes no

Breeder's and Stud Dog Owner response: _____

Where is this dog currently located? _____

Who will foster this dog? _____

IF FUNDS ARE REQUESTED FOR MEDICAL PURPOSES:

Dog's diagnosis: _____

Description of dog's illness/injury: _____

Dog's prognosis: _____

Course of treatment: _____

Cost of treatment: _____ Rescue discount given? yes no

Amount of funding requested: _____

Does your rescue group charge an adoption fee? yes no If so, the fee is: _____

Will the adoption fee be applied to off set medical expenses? yes no

A copy of the veterinary bill or estimate must be attached to this application.

Name of Veterinarian: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax number: _____

Email: _____

Have you contacted any other organization requesting financial assistance for this dog? yes no

If yes, please indicate the name of the organization, contact person and phone number:

IF FUNDS ARE REQUESTED FOR REASONS OTHER THAN MEDICAL:

Other reason for requesting funds for your Rescue Program: _____

A copy of the bill(s) or estimate(s) must be attached to this application. PLEASE PROVIDE CONTACT INFORMATION SO THE BILLS MAY BE VERIFIED

Name: _____

Address: _____

Telephone: _____

PLEASE SPECIFY THE NAME IN WHICH CHECK IS TO BE MADE OUT IF DIFFERENT THAN ABOVE

Name: _____

Address: _____

If the requested financial assistance will not be used for a specific rescue dog, please attach a detailed explanation of the purpose for which your rescue group will be using the moneys requested. Please include the amount of money you are requesting and indicate whether or not you anticipate requesting additional funds within the next year.

I certify that the information provided here is accurate to the best of my knowledge and that I have the authority to make this application on behalf of my rescue organization. I agree to provide the financial information mentioned above. I further certify, by making this application, my rescue organization does not compensate any member or worker for anything other than out-of-pocket expenses.

Printed Name

Signature

Title

Date

Please mail the Application for Financial Assistance, photo, all applicable bills, receipts and estimates to:

Karen Spalding
12 Seminary Avenue
Gettysburg, PA 17325
717-334-1376

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