



Labrador Harbor Application for Funds

Instructions:

Please fill out the form below completely; if you are unable to answer a question, please enter "not yet known" or indicate that you are giving an estimate. Labrador Harbor requires a photo of the Labrador, either via e-mail to info@labradorharbor.org, or via standard mail to the address below. Once the application is submitted, you will receive a confirmation that we received your application immediately. The length of time it takes for us to make a decision on funding may vary, but one of our volunteers will contact you within 72 hours. If you have any questions or problems submitting this form, please email us at info@labradorharbor.org, or call us at 619-892-0049. All applicants must be at least 18 years of age.

Please note that Labrador Harbor funding policies require that your Labrador have an official diagnosis from a licensed veterinarian. Labrador Harbor cannot, at this time, cover costs involved in symptom diagnosis.

If this is a life or death emergency and you need a response from us within 24 hours, Labrador Harbor requires all of the following information:

1. Name and contact phone number for the veterinarian treating the Labrador. The vet must be available to speak to a Labrador Harbor representative.
2. You must get a picture of the dog to us within 24 hours. You can email a picture to info@labradorharbor.org. If you are not able to email a photo, but choose instead to send one by overnight mail, the address is:
 Labrador Harbor, Inc.
 P.O. Box 712552
 Santee, CA 92072-2552
3. Email or call to provide detailed information on the emergency treatment needed and information on what, if any, treatment has already been completed.
 (info@labradorharbor.org, 619-892-0049)

We appreciate your understanding that Labrador Harbor is not able to consider providing funding for Labradors who are not currently residing in California.

Applicant Contact Information:

How did you hear about Labrador Harbor? _____

Contact Name: _____

Street Address: _____

City: _____ Zip Code: _____

Telephone Number: _____ email: _____

Additional contact information you'd like us to know: _____

Information About Your Labrador Retriever:

If you are applying on behalf of a rescue group or other organization, please provide the name and contact information for your organization: _____

Name of Dog: _____

Sex of Dog: Male: _____ Female: _____

Color of dog: Chocolate: _____ Yellow: _____ Black: _____

How will you be sending your dog's photo? Email: _____ Regular Mail: _____
Overnight mail: _____ Priority Mail: _____

Approximate Age: _____ Approximate Weight: _____

Has the dog been spayed or neutered? Yes: _____ Not yet: _____

If not yet, when will the dog be able to be spayed/neutered? _____

Is this dog on heartworm treatment preventative? Yes: _____ No: _____

Is this dog current on all vaccinations? Yes: _____ No: _____

Does this dog have any special needs (for example, special diet, medication, hearing impairment, vision impairment)? Yes: _____ No: _____ If yes, please describe: _____

Has this dog had any history of biting another animal or a person?

Yes: _____ No: _____

If yes, and you are requesting assistance for a behavioral issue such as aggression or other serious issue, please thoroughly describe the problem here, along with interventions tried, and any trainer name and number, if applicable. You may then skip the Medical Information section, and proceed with the Funding Information section of the application.

Medical Information:

Dog's current location is: Veterinary Hospital: _____ Veterinary Clinic: _____
Private Home: _____ Foster Home: _____ Other: _____

Name of treating veterinarian: _____

Name of clinic/hospital: _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email address, if any: _____

What is the dog's medical diagnosis? _____

Please provide a full description of the dog's illness or injury and any alternate treatments that have been attempted:

What is the recommended course of treatment? _____

In the opinion of the treating veterinarian, what is the dog's prognosis? _____

What is the estimated cost of this treatment? _____

What is the estimated cost of follow-up treatment, if any? _____

Has treatment already begun or been completed on this dog? Yes: _____ No: _____
If yes, when? _____

Funding Information:

Please tell us any special circumstances or reasons why financial assistance is needed?

What attempts have you made to collect financial resources for this Lab? If none, please explain why? _____

Did you apply for Care Credit? Yes: _____ No: _____

What amount was approved? _____ If you did not apply, why not? _____

Have you discussed a payment plan with your veterinarian? Yes: _____ No: _____

Have you contacted any other financial assistance organizations regarding this Labrador?

Yes: _____ No: _____

If yes, identify the organization, contact person's name and information, and summarize their response to your situation: _____

If no attempts have been made, please explain why? _____

How much have you already spent on this dog's medical treatment for this illness/injury?

Labrador Harbor funds are always limited, and we try our best to help as many Labs as we can. We hope that you will be able to pay at least a portion of this bill. How much will you or your rescue group be able to contribute to this bill? _____

Please specify the amount you are requesting from Labrador Harbor: _____

Is the total of the two amounts above different from the estimated cost of treatment?

Yes: _____ No: _____ If yes, please explain: _____

If you are unable to contribute to this dog's care, please explain: _____

If follow-up treatment is needed and exceeds the costs outlined here, how do you plan to pay for it? _____

For Rescue Organizations Only:

Was a rescue discount requested from the veterinarian? Yes: _____ No: _____

Was the discount granted? Yes: _____ No: _____ If yes, please explain the nature of the discount: _____

If the dog is in foster care, will the foster parent be responsible for any rehabilitation? Yes: _____ No: _____ If not, or if this changes, what is your plan? _____

Why do you feel this procedure will make this dog more adoptable? _____

What is your rescue organization's current bank account balance? _____

In the last six months, how many dogs has your organization rescued and re-homed? _____ Of those dogs, how many were seniors (over age 8)? _____

How many were medical needs dogs (requiring surgery or other medical treatment beyond typical spay/neuter, vaccinations)? _____



Completion of Application:

I acknowledge that all of the information in this form is true and correct to the best of my knowledge. I understand that any misrepresentation of fact may result in my application being withdrawn from the evaluation process, and/or in my application not being approved for funding. I have read the Labrador Harbor Eligibility Guidelines (found on the web site at www.labradorharbor.org), and if funding is approved, I agree to abide by all rules and contingencies set forth by the organization. I understand that Labrador Harbor reserves the right to refuse or deny any application, and acceptance of an application does not guarantee funding.

Your signature on this document serves as legal testament that all information provided on this form, and in subsequent written, oral, and electronic communication with Labrador Harbor is complete, true and accurate, to the best of your knowledge.

Signature of Applicant: _____

Date: _____

Release of Information:

Labrador Harbor is permitted to use, without compensation to the applicant, any photographic material submitted as part of the application process for publicity, educational, fund raising, or other legitimate corporate purposes. Labrador Harbor may publish these pictures on its Internet web site or printed materials for distribution to the public to further its cause.

Labrador Harbor is permitted to use, without compensation to the applicant, the following information contained in this application, for its Internet web site or printed fund raising or educational materials: the name, sex, color, and other characteristics of the Lab; the information relating to the reason why the applicant is seeking funds to aid the Lab, such as a description of the medical conditions and health status, treatment and outcome; and other such information that Labrador Harbor and the applicant agree for use to further the mission of raising funds to help Labs.

Labrador Harbor agrees to hold confidential the name(s), address, phone number, fax number, and email address of the applicant unless otherwise granted specific permission to use this or other personal information for legitimate corporate purposes.

Signature of Applicant: _____

Date: _____