Date:		Application#	
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Rescue and Re-home Application for Assistance Funds (If request is not for a rescue group, put in N/A in those fields)

Instructions: To fill out and submit this form, please <u>download</u> the form and open it in Acrobat Reader (https://get.adobe.com/reader/), be sure to save form after it is filled out and submit it from Acrobat Reader and not through your internet browser. Form can also be saved and submitted as an attachment to an email to info@bmdcf.org.

Regional club or person requesting funds:
Club Rescue Chair:
Complete address of requesting party:
Phone number/Email of requesting party:
If reimbursement, who is the recipient?
Is your club represented on the BMDCA RESCUE email list?
Is your Club Rescue Chair listed on the BMDCA website?
Name/Age of Dog:
Funds requested:
(Please attach copies of vet bills for services rendered and any other receipts for reimbursement

(Please attach copies of vet bills for services rendered and any other receipts for reimbursement requests.)

Date:					Applicatio	n#			
Narrati	ve describin	ıg situat	ion/surgery/	health status	(as detailed as	poss	ible). U	se a sepa	arate
sheet if	needed.								
Progno	sis of Dog:								
Describ	e funding s	ituation	for your clu	b or yourself.	Has your club o	offere	ed assist	ance? H	as your
					•				-
club pa	id a portion	of expe	enses? If not		,				·
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club pa	id a portion	of expe	enses? If not						
				why not?					
				why not?					
				why not?					
				why not?					
				why not?					

Date:		Application#	
This Pag	ge for Office Use Only		
Comme	ents of BMDCF RAC Committee:		
\$	approved by BMDCF RAC on:		
Reques	ts in excess of \$750, forwarded to the BMDCF Bo	pard on:	
Decisio	n received back on:		
Total fu	nds approved:		
Reques	t for funds sent to BMDCF Treasurer on:		
Funds s	sent to recipient on:		