

# NEW ENGLAND CHOW CHOW CLUB, INC.

## NECCC Welfare Fund

### Application for Financial Assistance



The Chow Welfare Fund is a committee of the NECCC which is a nonprofit organization. The CRF committee provides financial assistance to owners of Chow Chows who need care. We are dedicated to ensure that no Chow has to be euthanized simply because their caretaker is financially challenged. The Chow Welfare Fund Committee will accept applications from individuals and families that require financial assistance to provide medical or surgical treatment, food, or care that will extend the quality and length of life for their pet.

Name of Applicant or Agency \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Email) \_\_\_\_\_

Member of NECCC? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of dog(s) \_\_\_\_\_

#### What type of assistance are you requesting?

- Foster Care \_\_\_\_\_
- Funding for Food \_\_\_\_\_
- Life Saving Treatment \_\_\_\_\_
- Life Sustaining Treatment \_\_\_\_\_
- Rehabilitation \_\_\_\_\_
- Disaster Relief i.e.: transportation to safety/ temp boarding \_\_\_\_\_
- Other \_\_\_\_\_

Is the assistance associated with euthanasia? \_\_\_\_\_

Can the dog be saved if the treatment is provided? \_\_\_\_\_

What is the cost of proposed treatment? \_\_\_\_\_ \$

How many animals are in your care? \_\_\_\_\_

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Do you breed? \_\_\_\_\_

Is the pet spayed/ neutered? \_\_\_\_\_

Can you provide proof of ownership/ registration? \_\_\_\_\_

What is the reason for your request? \_\_\_\_\_

#### **\*\*\*Treatments we consider funding-**

- Surgery related to correctible immobility of pet when the life of the pet is in danger
- Exploratory surgery when the life of the pet is in danger
- Treatable cancers (stages I- III)
- Treatable neurological disorders
- Diagnosis and initial treatment of on-going conditions/ diseases. (Except Cancer)
- Limb removal (when the animal's life is truly at risk)
- Palliative Treatment for End of Life cases.

**\*\*\*\*\*No contributions are ever given directly to individuals. We only send funds directly to the treating facilities, pharmacies, veterinarians and boarders.\*\*\*\*\***

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Signature

Date

Please return this completed form to:

**Ms. Peggy Carney, Committee Chair, P.O. Box 63, Prides Crossing, MA 01965**

If you are requesting reimbursement for past expenses, original receipts are required. All expenses must have incurred within 6 months of the date of application. Funds for expenses that have not yet incurred require itemized estimate and will need to be proven with receipts. For pending veterinary expenses, we require a written and itemized estimate from the veterinarian.

# *NEW ENGLAND CHOW CHOW CLUB, INC.*

## *NECCC Rescue Fund*

### *Application for Financial Assistance*

**Please Note:** In order to replenish funds in our Chow Chow Rescue Fund and to continue to support similar requests, the Committee hopes that grants made to our membership will be repaid in whole or in part at some point in the future.