



Financial Assistance Guidelines

Australian Cattle Dog Rescue, Inc. ® (ACDRI) has implemented a financial assistance program for individuals or groups rescuing purebred Australian Cattle Dogs. Medical assistance is available for expenses which are above and beyond routine examination, vaccination, spay/neuter, heartworm test and intestinal parasite test expenses.

ACDRI has adopted the following policies, which govern our handling of applications for financial aid:

ACDRI accepts applications from anyone who is of legal age (18 years) for monetary aid to help offset the expense of urgent/emergency veterinary treatment of a rescued purebred Australian Cattle Dog as defined by ACDRI.

ACDRI is a 501(c) (3) non-profit organization and any pledge made by ACDRI is a donation.

The applicant is responsible to the medical provider to pay for all charges which the ACDRI grant does not cover.

Eligibility Criteria (all criteria must be met)

1. The dog must appear to be a purebred Australian Cattle Dog.
2. The dog has received or will receive emergency medical treatment within 30 days of the application being submitted.
3. The injury or disease for which aid is sought must have a positive prognosis for survival. A licensed veterinarian has assessed all injuries and ailments and has predicted that the dog has a solid chance for a good quality of life with treatment.
4. The dog has not received a contribution from ACDRI in the last 6 months.
5. The dog must be in the foster care of the person or group submitting application.

Applications will not be approved under the following conditions:

1. The application requests financial aid for routine veterinary care (spay/neuter or complications resulting from spay/neuter, vaccines, heartworm test and intestinal parasite test expenses).

2. The applicant has not submitted a written estimate or itemized bill from the attending veterinarian.
3. The estimate received from the attending veterinarian does not indicate a positive prognosis for survival or return to good quality of life.
4. The applicant, group, or organization has received a donation from ACDRI within the last six months.

Responsibilities of Applicants:

To complete the application and supply all the information requested including a color photo of the Australian Cattle Dog for which the assistance is needed.

Attach a copy of a written estimate or itemized bill from the treating veterinarian to the completed application. The estimate or bill should be on the veterinarian's letterhead and should include the following:

1. Name of attending veterinarian and facility; contact information
2. Applicant's name
3. Dog's name
4. Diagnosis
5. Prognosis
6. Complete breakdown of costs
7. A color photo of the dog taken after it was placed in the rescue's or rescuer's care.

Application Submission

Applications may be submitted by email, or regular U. S. mail. They must be submitted no later than 30 days after the incurred expense.

Email submissions must include all required documentation with signatures. Incomplete applications will not be accepted for review.

Any questions regarding the application are welcome, and can be directed to the e-mail address below.

The mailing address is:

ACDRI Financial Assistance Program
c/o Linda Watkins, Secretary
PO Box 834
Carlton, OR 97111

The email address is: australiancattledogrescueinc@gmail.com

Misrepresentation:

Any misrepresentation of the facts or provision of false information about the case will result in immediate closure of the application and denial of funding for any future applications. The applicant will be notified of our action.

If ACDRI has already disbursed any funds toward veterinary care it is the responsibility of the applicant to repay those funds. Any pledged donation from ACDRI will be withdrawn.

Application Processing

1. The Board of Directors of ACDRI will process applications as quickly as possible once all the required information has been submitted. Applications will be reviewed on a case-by-case basis and ACDRI reserves the right to deny approval of any application.
2. Applicants will be notified of our decision either by email or phone. Reasons for denial will be provided.
3. If ACDRI's board votes to fund an application, a check will be issued to the veterinarian providing the medical care.

An individual may be reimbursed directly for medical treatment expenditures already paid providing receipts clearly listing the dog's name, the date of treatment and total amount paid are included with the application.

4. If approved, ACDRI will pay up to 75% of the submitted bill with the total donation not to exceed \$400 for each case.



Rescue Dog Financial Assistance Application

Australian Cattle Dog Rescue, Inc. ® (ACDRI) has implemented a financial assistance program for persons or groups rescuing purebred Australian Cattle Dogs. This major medical assistance is available for expenses which are above and beyond the routine examination, vaccination, spay/neuter, heartworm test and intestinal parasite test expenses. Our goal is to make it possible for these rescue dogs to regain the physical health necessary to be placed in loving, forever homes.

Please be aware that we have a yearly budget for financial assistance, and a request does not guarantee assistance will be granted. All approved financial assistance checks will be sent directly to the veterinary clinic providing the medical care for this dog.

Name of rescue group/person: _____

Address, phone number and e-mail address:

Name of any ACDRI board members to whom you are known:

Names and contact information for two other rescue people/groups from whom we can attain references:

Name of dog requiring this medical care: (pictures must be submitted with application)

_____ Male _____ Female _____

How did this dog become available for rescue?

Nature of medical care needed: (written statement from attending veterinarian containing diagnosis, treatment options, prognosis and cost estimate, or actual cost of treatment administered, must be sent with application)

Name, address and phone number of the veterinarian/clinic providing this care:

Date which medical treatment was or will be performed: _____

Amount of assistance requested: (We may not be able to meet your total request but will do our best to assist) _____

Any additional information you feel we should consider for your request:

By signing below you are stating that all information provided is true to the very best of your knowledge and that the funds provided are for the exact purpose and dog as stated above.

Signature of applicant: _____ Date: _____