

The Goldstock Fund
Grant Request Application

This grant is being requested from the following fund – Check only one

General _____ GoldenMed _____ Sierra Fund _____

HRMF (Helen Redlus Memorial Fund _____)

Please answer all questions, if not applicable use N/A

Name of Rescue _____

Primary Contact Name _____

Street Address _____

City, State, Zip _____

Area Code + Phone No. _____

E-Mail Address _____

Area Code + Fax No. _____

Additional Contact Info _____

Dog Information

Name of Dog _____ Breed of Dog _____

Please include picture

Sex Male _____ Female _____ Spay/Neutered (Y/N) _____

Approximate Weight of Dog _____ Approximate Age _____

Describe what you know about this dog's background. _____

Has this dog shown any animal or human directed aggression? Yes _____ No _____

If yes, provide details: _____

Is an adoption pending for this dog? Yes _____ No _____

A photo of the dog must accompany this application or be e-mailed to info@goldstockfund.org.

IF YOU ARE REQUESTING A MEDICAL GRANT, PLEASE CONTINUE WITH #1.

IF YOU ARE REQUESTING A BOARDING GRANT, SKIP TO #2

IF YOU ARE REQUESTING A TRANSPORTATION GRANT, SKIP TO #3

#1. MEDICAL INFORMATION

All information MUST be provided. Failure to provide complete and clear information may delay or cause your request to be denied.

Dog's current location is: Veterinarian _____ Clinic _____ Shelter _____

Private Home _____ Other _____

Name of treating Veterinarian: _____

Address: _____

City, State, Zip _____

Area Code and Phone No. _____

E-Mail _____ Fax _____

Additional Info _____

Please describe in detail the dog's medical condition and long term prognosis?

What is the recommended course of treatment? _____

What is the estimated cost of treatment? _____

Was a rescue discount requested? Yes _____ No _____

Was a rescue discount received? Yes _____ No _____ If yes how much? _____

#2 BOARDING INFORMATION

All information MUST be provided. Failure to provide complete and clear information may delay or cause your request to be denied.

Dog's current location is: Veterinarian _____ Clinic _____ Shelter _____

Private Home _____ Other _____

Name of Boarding Facility: _____

Address: _____

City, State, Zip _____

Area Code and Phone No. _____

E-Mail _____ Fax _____

Additional Info _____

Why is the dog in boarding? _____

How long is the dog expected to be boarded? _____

What is the estimated cost of boarding? _____

Was a rescue discount requested? Yes _____ No _____

Was a rescue discount received? Yes _____ No _____ If yes how much? _____

When out of boarding where is the dog going? _____

#3 TRANSPORTATION INFORMATION

All information MUST be provided. Failure to provide complete and clear information may delay or cause your request to be denied.

Dog's current location is: Veterinarian _____ Clinic _____ Shelter _____

Private Home _____ Other _____

Name of contact at current location: _____

Address: _____

City, State, Zip _____

Area Code and Phone No. _____

E-Mail _____ Fax _____

Additional Info _____

Why is the dog being transported? _____

Who will be accepting the dog at the other end of the transport?

Name of contact at receiving location: _____

Address: _____

City, State, Zip _____

Area Code and Phone No. _____

E-Mail _____ Fax _____

What is the estimated cost of transport? _____

How is the dog being transported? CUR _____ Air _____ Paid Drivers _____

Although The Goldstock Fund would only be assisting with the cost of transportation, and not for the arrangement of transportation, we strongly urge that you familiarize yourself with regulations regarding the transport of live animals. Most questions regarding transportation regulations can be answered by visiting these two links:

Animal Welfare Act (AWA) <http://www.nal.usda.gov/awic/legislat/awa.htm>
Animal and Plant Health Inspection (APHIS) <http://www.APHIS.USDA.gov>

Are both sending and receiving rescues/individuals making a financial contribution?

Sending is contributing: _____

Receiving is contributing: _____

ALL FUND REQUESTS MUST ANSWER ALL THE FOLLOWING QUESTIONS

Funding Information

How did you find out about The Goldstock Fund? _____

Did you contact any local breed clubs and/or rescue organizations?

Yes _____ Name of organization & Phone # _____

No _____ If no why? _____

N/A _____

If contacted, please provide their response _____

Have you contacted any other organization regarding this dog? Please provide contact name and numbers. _____

How much are you requesting in US Dollars for this grant request? _____

Is the amount requested different than the estimated cost of treatment, boarding or transportation?

Yes _____ If yes why? _____

No _____ N/A _____

I have read TGF Mission Statement and Application Guidelines. If funded I agree to abide by all rules and contingencies set forth by the organization.

Yes _____ No _____

Signature _____

Print Name _____

Date _____

Failure to answer all questions may result in the application being returned.

Please draw a diagonal line through those sections of the application that are not applicable to this grant request.

Send Completed Applications to:
The Goldstock Fund
18040 Lakeview Dr. #102
Brookfield, WI 53045-5689