

**THE GOLDSTOCK FUND  
HELEN REDLUS MEMORIAL FUND  
Senior and Special Needs  
Application Form**

**Instructions:**

This form must be completed in its entirety. Do not leave blank spaces. Once you have submitted the application, you should receive a response within 72 hours. If you have any questions, or if you have difficulty submitting this form, please e-mail us.

**If this is a life or death emergency and you need a response from us within 24 hours, then YOU need to provide us with the following:**

1. The attending veterinarian's phone number. A representative of TGF/HRMF must be able to speak directly with the veterinarian.
2. A picture of the dog. You can e-mail a picture to: [deb.haggerty@rcconsulting.com](mailto:deb.haggerty@rcconsulting.com) or FAX to 530-666-2692. If you choose instead to send one by overnight mail, the address is:

TGF/HRMF  
P.O. Box 502294  
San Diego, CA 92150-2294

3. In the medical section of the application, please give us as much detail on the nature of the emergency treatment needed and information on what has already been given.

**If this is your pet: DO NOT complete this application form.** TGF Helen Redlus Memorial Fund is not able to consider applications for assistance for established pets (i.e. dogs who have been adopted for longer than two weeks), or dogs that are not in a rescue situation. If you have any questions about this, see our *Funding Guidelines*.

**If you are this dog's owner,** and if you feel we can help you by giving a referral or providing other information, please send us an e-mail. In your e-mail message, you will need to tell us how long you've had the dog, the circumstances under which you obtained him or her, and the nature of the dog's medical condition. It will also help us to know whether the dog appears to be a purebred Golden Retriever or a Golden Retriever mix. The more details you can give us in your e-mail, the more likely it is that we will be able to refer you to someone who might be able to help.

**Date:** \_\_\_\_\_

**Contact Information**

Name:

Street Address:

City:

State:

Zip Code + 4:

Area Code: Telephone Number:

e-mail:

FAX:

Additional information:

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**Dog Information**

Name of Rescue Dog:

Sex:

Male

Female

Approximate weight in pounds:

Approximate age:

Has the dog been neutered or spayed:

- Yes
- No
- Not yet (documentation required)

Does this dog have any identification tags, tattoos, or microchips?  
(If so, please provide details)

What attempts have been made to contact the owner of this dog?

Has the dog's breeder been contacted?

- Breeder unknown
- Known but not contacted. (Explain why not)
- Contacted. (Provide breeder's name and response)

Is this dog a purebred Golden Retriever? Are registration papers available?  
(Explain how you made this determination)

- Yes (Please provide copy)
- No

Is this dog a Golden Retriever mix? (Explain how you made this determination)

- Yes
- No

How did you acquire this rescue dog?

Describe what you know about this dog's background?

Has this dog shown any animal or human-directed aggression? Examples of behaviors might include: bite, growling and snarling, lunging. (Describe in detail).

- Yes
- No

Would you be willing to foster this dog, or is it currently in a foster home?

- Yes
- No

Is an adoption pending for this dog?

- Yes
- No

How will you be sending the photo?

- e-mail
- Overnight mail
- Priority mail

- Regular mail  
 Provided with this application

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### Medical Information

Is this a life or death emergency?

- Yes  
 No

Dog's current location is:

- Veterinarian
- Clinic
- Shelter
- Foster home
- Other \_\_\_\_\_

Name of treating veterinarian:

Street Address:

City:

State:

Zip Code + 4:

Area Code: Telephone Number:

e-mail:

FAX:

Additional information:

What is the dog's medical diagnosis? Please provide a **full** description of the rescue dog's illness or injury.

What is the recommended course of treatment?

What is the dog's prognosis, or expected long-term outcome?

What is the estimated cost of treatment?

Was a rescue discount request?

- Yes  
 No

Was a rescue discount received?

- Yes (Indicate amount \_\_\_\_\_)  
 No (Indicate reason for refusal)

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### **Funding Information**

How did you find out about **TGF Helen Redlus Memorial Fund**?

Did you contact any local Golden Retriever breed and/or rescue organization?

- Yes  
 No  
 N/A

If contacted, please provide their name, address and phone number as well as their response to your situation.

Have you contacted any other organizations regarding this Golden Retriever or Golden Retriever mix? (Please supply contact names and numbers).

Please specify the amount (in US dollars) that you are requesting from **TGF Helen Redlus Memorial Fund**.

Is the amount requested different from the estimated cost of treatment?

- Yes (Explain why)  
 No

**I have read TGF Helen Redlus Memorial Fund's Mission Statement and application guidelines. If approved I agree to abide by all rules and contingencies set forth by TGF.HRME.**

- Yes  
 No

**Signature:**

**Date:**

**PLEASE ATTACH ALL SUPPORTING DOCUMENTATION (i.e. photo, veterinary reports, invoices etc.)**